

ELIM GRACE ACADEMY

HNo. 14B, Natun Path, Hatigaon, Guwahati 781038 Email: egacademyghy@gmail.com

APPL	ICATION FORM	Admission Date:
AFFL	ICATION FURIVI	Admission Date:

Please affix recent passport size photo OF THE FATHER		Please affi passport s photo OF T MOTHER	ize			Please affix recent passport size photo Size of the STUDENT	
Admission required for							
INFORMATION OF The First Name	THE STUDI		e use cap e Name	ital lette	ers only)	Last Name	
Gender Male ☐ Female ☐	1	Date	of Birth				
Blood group	Re		igion		Nationa	ality	
Community SC/ST	ОВС	G	EN		О	THERS	
RESIDENTIAL ADDRESS			CO	RRESPO	ONDENC	E ADDRESS	
Father's mobile No:							
Email address:							
FAMILY INFORMATION)N						
Father/Guardian Name			Mother/0	Guardian	Name		
Age		Age					
Educational Qualification			Educational Qualification				
Occupation			Occupation				
Office address:			Office ad	ddress:			
Telephone number			Telephor	ne numbe	r		

	EAR	SCHOOL		STANDARD
ЛI	EDICAL HIST	ORY OF THE CHI	ILD	
An;	y medication tal	ken for any medical	condition or general we	ell being of the child
An	y allergy/medica	al information that th	ne school should be aw	are of
	ICLOSURES			
	Birth Certificat			
	Blood group re	-		
		icate (if applicable) f the student (4 copic	as)	
	-	hotos of parents (2 e		
		_	N card, Driving License	e. Aadhaar etc)
				,,
)E	ECLARATIO	N:		
	Ve			rity to admit my ward/child as a legal
		The information present and regulations of		best of my knowledge and belief. I agree to
Da	te:			Signature of Parent/guardian
		For Elim	n Grace Academy of	ffice use only
				Head of the Institution

Date: