



TRANSLAM ACADEMY INTERNATIONAL

(MAWANA ROAD, MEERUT - 250 001)

ADMISSION FORM

S. No. Admission No. (To be filled by office)

Class to which admission is sought..... Session.....

PERSONAL DETAILS

1. Full Name of Candidate (in **CAPITAL LETTERS**)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender: Male ☐ Female ☐ Any other ☐

3. Date of Birth
Date Month Year

Paste recent
Passport Size
Photograph

In words

(Attach Date of Birth Certificate issued by the Competent Authority)

4. Details of Parent:

Details	Mother	Father / Guardian
Name		
Educational Qualification		
Residential Address		
E-mail		
Occupation		
Official Address		
Annual Income		

5. Whether the candidate is:

(i) Single Child of the parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Specially abled (Divyangjan)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Belonging to the EWS	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Attach proof wherever applicable)

6. Category (Attach proof): General ☐ SC ☐ ST ☐ OBC ☐

7. Aadhar No. (Not mandatory) (Attach proof)

8. Name & Address of the last attended school

9. Class last attended (in number) (in words)

10. Last school affiliated is(i) CBSE (iii) IB (ii) ICSE (iv) State Board

(v) Any other (please specify)

11. Result of last class:

Subject	Maximum Marks	Marks Obtained	% of Marks	Remarks

12. Transfer Certificate Details*:

Transfer Certificate No. : Date of Issue:

13. Details of siblings (if any):

Name	Brother/Sister	Age	School Studying in

DECLARATION

I hereby declare that the above information including Name of the candidate, Father's name/Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the school.

Date:

Signature of the Parent(s)/ Guardian

Place:

Relation with candidate:

Correct entries from the Admission Form to Admission and Withdrawal Register have been made on page no on dated

Signature of Principal

* In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.



TRANSPORT FACILITY FORM

Form No SR No Class / Sec

Name of the Student

Bus Stop Route No.

Permanent Address

Mobile NO.: Father:

Mother:

Guardian:

Office:

- ❖ In case of change in Route, prior information with address should be intimated to the school.
- ❖ Transport facility cannot be withdrawn in the middle of the session. The transport charges will be applicable for 12 months.
- ❖ Hike in the Bus Fee would be subject to hike in Diesel Price.

Name of Parent / Guardian

Signature

Date: ____ / ____ / ____