



HEM SHEELA MODEL SCHOOL

DURGAPUR

(Run by HEMCHANDRA SHEELABATI MEMORIAL EDUCATIONAL TRUST)

Affiliated to CBSE No. 2430063

ACADEMIC SESSION - 2019 -2020

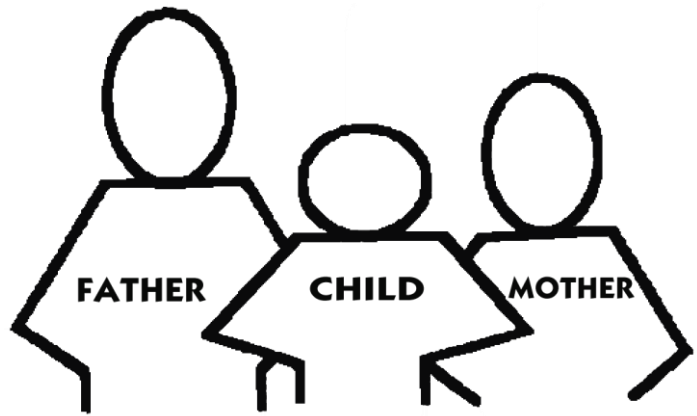
FORM NO.: 2019-2020/PRE-NUR/

For Office Use Only

Admission No.

Date:

Principal's Signature



Please affix here
a latest post card size (5"x3") colour photograph
of student with parents

ADMISSION SOUGHT TO CLASS:

PRE-NURSERY

1. NAME OF STUDENT IN FULL (BLOCK LETTERS)

F	I	R	S	T		N	A	M	E										
M	I	D	D	L	E		N	A	M	E									
L	A	S	T			N	A	M	E										

2. A) DATE OF BIRTH (IN FIGURES)

BOY / GIRL

B) DATE OF BIRTH (IN WORDS) _____

C) PLACE OF BIRTH

3. PARTICULARS OF FAMILY BACKGROUND

		FATHER	MOTHER
NAME (BLOCK LETTERS)			
PLACE OF WORK & ORGANISATION			
*SAIL/NON - SAIL			
OCCUPATION (Please write the name of occupation)			
ACADEMIC QUALIFICATION			
OFFICE ADDRESS			
PHONE:	OFFICE		
	RESIDENCE		
	MOBILE		
E-MAIL (BLOCK LETTERS)			

4. CHOICE OF 2ND LANGUAGE: **BENGALI** OR **HINDI** (Please ✓ which is applicable)

5. NATIONALITY:

6. MOTHER TONGUE

7. CHOICE OF SCHOOL SITE: **DHANDABAG** OR **JAWAHARLAL NEHRU AVENUE** (Please ✓ which is applicable)

8. DO YOU BELONG TO ST/SC/OBC:

(Attested copy with original of the certificate to be produced at the time of admission)

* SAIL - Steel Authority of India Ltd.

P.T.O.

9. **PRESENT ADDRESS (For Correspondence):** STREET NO.:

STREET NAME:

CITY/TOWN:

DIST:

STATE: PIN:

PHONE: RESIDENCE: OFFICE:

MOBILE:

E-MAIL (**BLOCK LETTERS**):

10. **PERMANENT ADDRESS:** STREET NO.:

STREET NAME:

CITY/TOWN:

DIST:

STATE: PIN:

PHONE: RESIDENCE: OFFICE:

MOBILE:

E-MAIL (**BLOCK LETTERS**):

11. IS ANY OF YOUR SON OR DAUGHTER STUDYING IN HSMS, DURGAPUR? IF YES, GIVE THE FOLLOWING DETAILS:

SL. NO.	NAME	CLASS/SEC.	ADMN. NO.	YEAR OF ADMN.
1.				
2.				

12. ANNUAL INCOME OF THE PARENTS ₹.

13. SERIOUS AILMENT OF THE CHILD THAT THE SCHOOL SHOULD BE INFORMED e.g. HEART PROBLEM, EPILEPSY, ASTHMA, HEARING, SPEECH, CONVULSION etc.

NO / YES, IF 'YES' SPECIFY _____

INSTRUCTIONS: The following Certificates **are to be submitted with this application form; if not, admission will not be considered.** All the original certificates will be returned to the parents after verification.

- One postcard size photograph (5×3 inches) of child with parents taken in September 2018 to pasted on form.
- Original valid Birth Certificate from the competent Government Authority and a photocopy of the same.
- Original Discharge Certificate from Hospital or Nursing Home and a photocopy of the same or certificate by the Registrar (Birth & Death).
- Photocopy of the parents highest educational qualification certificate.
- Residential proof certificate.
- Photocopy of Identity card of own sibling studying in Hem Sheela Model school.
- Photocopy of Identity card of either parents working in respective organisations.
- All above mentioned documents should be self-attested.

DECLARATION

- I fully understand that the school, on accepting the application for admission, is not in any way bound to grant admission, as admission is purely based on the availability of seats and on qualifying the Interaction. I also understand that the decision of the School Management regarding admission will be final and binding on me.
- On my ward's selection for admission, I shall have no objections to the instructions and guidelines of the school. I further undertake to abide by all the school rules as may be put into effect from time to time.

Place:

Signature of Father / Guardian

Signature of Mother

Date: