



# AIR FORCE SCHOOL

AF STN KALAIKUNDA

(Under the aegis IAF Educational & Cultural Society)

## ADMISSION FORM

Form No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Admission No. \_\_\_\_\_

1. Full Name of the candidate \_\_\_\_\_

2. Class in which admission sought \_\_\_\_\_

3. Date of birth (in figures) \_\_\_\_\_ (in words) \_\_\_\_\_

(Attach a copy of Birth Certificate) \_\_\_\_\_

4. Age as on 01 Apr \_\_\_\_\_ Year \_\_\_\_\_ Months & \_\_\_\_\_ Days \_\_\_\_\_

5. Sex Male / Female \_\_\_\_\_ Blood Group \_\_\_\_\_

6. (a) Nationality \_\_\_\_\_ (b) Religion \_\_\_\_\_ (c) Caste \_\_\_\_\_

(Hindu / Muslim / Sikh / Christian / Buddhist / Parsi / Jain / Others)

7. Mother Tongue \_\_\_\_\_

8. Parent's Name (a) Father \_\_\_\_\_ (b) Mother \_\_\_\_\_

9. Parent's Address (a) Office \_\_\_\_\_

(Please Write Pin Code) \_\_\_\_\_ Phone \_\_\_\_\_

(b) Residence \_\_\_\_\_ Phone \_\_\_\_\_

(c) Email Id \_\_\_\_\_

10. Permanent Address \_\_\_\_\_

(Please Write Pin Code) \_\_\_\_\_

11. PARENT'S OCCUPATION & INCOME : \_\_\_\_\_

Category	Details (Ser No. / Rank / Unit in case of service personnel)	Monthly Income
----------	--	----------------

AF personnel	_____	Rs _____
--------------	-------	----------

AF School employees	_____	Rs _____
---------------------	-------	----------

Superannuated AF Person	_____	Rs _____
-------------------------	-------	----------

Including NC's (E)	_____	Rs _____
--------------------	-------	----------

Prematurely released AF	_____	Rs _____
-------------------------	-------	----------

Personnel including NC's (E)	_____	Rs _____
------------------------------	-------	----------

Other service personnel, and civilian	_____	Rs _____
---------------------------------------	-------	----------

Employees paid out of DSE	_____	Rs _____
---------------------------	-------	----------

Other civilians	_____	Rs _____
-----------------	-------	----------

(Please mention occupation)	_____	Rs _____
-----------------------------	-------	----------

12. (a) Name of last school attended \_\_\_\_\_
- (b) Whether Air Force School or not \_\_\_\_\_
- (c) Whether recognised by State Education Authority \_\_\_\_\_
- (d) Class in which studied \_\_\_\_\_
- (e) Medium of instruction \_\_\_\_\_
- (f) Result of last exam.  
(Please enclosed a copy of the report card)
- (g) Whether transfer certificate is attached \_\_\_\_\_ Yes / No.  
If yes, TC No. & Date \_\_\_\_\_

**DECLARATION BY PARENT**

1. I hereby declare that date of birth of my son / daughter furnished by me is correct and that I Will not demand my change at a later date.
2. That the information furnished above are true and correct to the best of my knowledge and belief incomplete information will render the admission as invalid.
3. (APPLICABLE IN THE CASE OF LKG & UKG STUDENTS): My child / ward's admission to class I is subject to passing a screening Test in UKG.
4. I shall abide by the rules and regulations of the AF School.

Date \_\_\_\_\_

Signature of parent \_\_\_\_\_

**FOR OFFICE USE ONLY**

Admit \_\_\_\_\_ to class \_\_\_\_\_

Date .....

Headmistress

Admitted to class \_\_\_\_\_ on \_\_\_\_\_

Fee Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

Total amount received \_\_\_\_\_

Date .....

Signature of Class Teacher / IC  
Fee Collection

Certified that Name of \_\_\_\_\_ has been entered in the School's Master register and Class Attendance register.

SL. No. in School register \_\_\_\_\_

Date .....

Office Clerk

Remarks by S Edn Officer / OIC Edn

Date .....

Signature of S Edn O/OIC Edn