

Price of Form: NIL

## Application Form for Admission under CHEERAG Scheme

Class 3<sup>rd</sup> to 12<sup>th</sup>

For the Academic Year 2024-25

Sl.No.2023/School Sr. No.

Affix  
Latest  
Photograph

Admission No. \_\_\_\_\_ (For Office Use)

Student SRN No. ....

To  
The Principal/Head Master  
\_\_\_\_\_

Sir/Madam,

I request you to admit my son/daughter/ward to .....class under the CHEERAG Scheme. The required particulars are given below:

1.	Name of the student in full (in Block letters)	First Name	Middle Name	Surname
2.	Name of father/parents			
3.	Date of birth	In figures		In words
		DD	MM	YYYY
4.	Student/parents Residential address with address proof			
5.	Aadhar Number/ PPP No. and Blood group of child			
6.	Annual Income of the parents (Both father & Mother)			
7.	Telephone/Mobile No. (Mandatory) and e-mail id	Office _____ Residence: _____ Mobile _____ E-mail: _____ Emergency contact no. _____		
8.	The student belongs to economically weaker section (EWS). The certificate issued should not be older than 6 months as on 1 <sup>st</sup> April of the year of admission	Yes/No If Yes, enclose relevant certificates.		
9.	Name of the Govt. School with address in which student studying in academic session 2023-24			
10.	Name of Block of Govt. School in which student studying in academic session 2023-24			

### DECLARATION BY PARENT/GUARDIAN

- a) I hereby declare that the information given about my son/daughter/ward (name of the child) \_\_\_\_\_ furnished by me is true and correct.
- b) I am also aware that if the information furnished above is found to be false or incorrect at any stage, the admission will be cancelled and the child will be withdrawn from the school.

Date \_\_\_\_\_

Signature of the Parent/Guardian  
Name: \_\_\_\_\_



### RECEIPT

Sr. No. ....

\_\_\_\_\_ (School Name) received an admission form from Master/Miss  
\_\_\_\_\_ son/daughter of \_\_\_\_\_ for admission to class \_\_\_\_\_.

I have personally verified the copies of the required documents/enclosures which are attached herewith.

Date:-

(Dealing Clerk/ Incharge)