

NEW BOMBAY CITY SCHOOL, CBSE

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Plot No 08, Sector 09, Ghansoli,
Navi Mumbai 400701

CBSE Affiliation No 1130621

Website – www.nbcscbse.in

Contact - 9321702662

Admission Form

Academic Year 20 - 20

Name _____

Class _____

Admission No _____

Aadhar No _____



APPLICATION FORM

Child Photo

Mother's Photo

Father's /
Gaurdian Photo

NOTE – Fill all the information in Bold Letters. Kindly PASTE the photo don't staple.

PERSONAL DATA OF STUDENT

NAME OF STUDENT : _____

(Surname)

(First Name)

(Middle Name)

Date of Birth : _____ (dd/mm/yyyy) _____ (words)

Age on 01st April 20__ : _____ Years _____ Months Religion : _____

Birth Place: _____ District: _____ State: _____

Gender : _____ (Male/Female/Others) Mother Tongue : _____

Category: _____ (G/SC/ST/OBC/SBC/NT/MARATHA/OTHER) Caste: _____

Permanent Address : _____

Pincode: _____ District: _____ State : _____

Present Address : _____

Pincode: _____ District: _____ State : _____

Email ID - _____

GENERAL INFORMATION FOR CLASS _____

Student Applying for Class _____

Passed Class 10 _____ (Passed/ Failed/ Awaiting/ Compartment)

Board in Class 10 _____ (CBSE/STATE/ICSE/IB/OTHER) Board Roll No _____

School name & Address Class 10 passed _____

Student Name on Class 10 Board _____

PARENTS / LOCAL GAURDIANS INFORMATION

Father's Name / Guardian Name _____

Educational Qualification: _____ Profession: _____

Office Address / Business Address: _____

Contact No: _____

Mother's Name / Guardian Name _____

Educational Qualification: _____ Profession: _____

Office Address / Business Address: _____

Contact No: _____

FAMILY INFORMATION

Annual income of Family (Both Parents) _____

Brother's Name: 1. _____ 2. _____

Sister's Name: 1. _____ 2. _____

REFERENCES

Name : _____ Designation : _____

Address : _____

_____ Contact No: _____

Name : _____ Designation : _____

Address : _____

_____ Contact No: _____

HEALTH INFORMATION

Physically Disable : _____ (Yes/No)

If Yes then Category: _____ (Learning Disability/ Low Vision /Autism /Locomotor Disability/ Other) _____

Allergy to any item: _____

Any other health issue: _____

CURRENT ABILITIES AND HEALTH (Small comment on each)

1. INTERACTIVE SKILLS : _____

2. CONCENTRATION LEVEL : _____

3. SPECIFIC INTEREST : _____

4. MOTIVATION : _____

5. RESPONSIBILITY : _____

6. SELF INITIATIVE : _____

7. ACTIVE LEVEL : _____

8. SLEEPING PATTERN : _____

9. EATING HABITS : _____

10. SPECIFIC FOOD HABITS : _____

11. INTEREST IN YOGA : _____

12. CURRENT MEDICATION AND ALLERGIES : _____

Name : _____ Class: _____

Admission Status : _____

Please attach the following documents along with this form:

1. Attested copy of birth Certificate.
2. Transfer Certificate / School Leaving Certificate.
3. Previous year report card.
4. Migration Certificate if from other board.
5. Transfer Certificate should be counter signed by the Education Officer in case of state change.

DECLARATION / UNDERTAKING

This form is intended to furnish information about the student and his/her family, without obligation of either side.

We understand that:

If/we wish to proceed further all entries in the application form must be completed.

We certify that the information provided in this form is true to the best of my/our knowledge and belief.

Date :

Signature of Parent/ Guardian

Place:

FOR OFFICE USE ONLY

Regd No.

Admission Granted/ Not Granted

Date :

Stamp and Signature of Principal

Place:

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