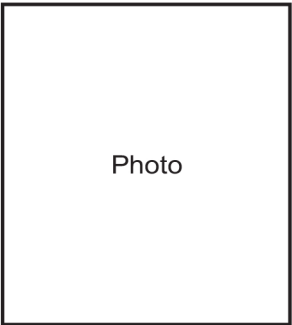




# SFC PUBLIC SCHOOL MOGA

VPO Fatehgarh Korotana, Moga  
Affiliated To CBSE (New Delhi). Affiliation Code - 1630672  
Mobile : 9876400621  
web : www.sfcpublicmoga.com , Email : sfc.moga@gmail.com



## ADMISSION FORM

Admission No. .... Date.....

Class to which Admission Sought .....Session.....

1. Name .....
2. Nationality .....Religion .....
3. Aadhar Card No.....
4. Father's Name (in Block letters).....  
Occupation/Profession .....Education Qualification .....
5. Mother's Name (in Block letters).....  
Occupation/Profession .....Education Qualification .....
6. Date of Birth (In words).....  
(In figure) .....
7. No. of Real Brothers & Sisters .....
8. Name and Class of Brother / Sister of student studying in the school .....
9. Last School Attended .....(Attach School Leaving Certificate)
10. Special information regarding child's health/allergies etc. ....
11. Conveyance : Self ..... School .....
12. Address : .....

.....Phone No. .... Mobile .....

### DECLARATION BY PARENTS

I agree to abide by the rules and regulations of **SFC Public School Moga** and see that my child confirms to the standard required by him/her in conduct and studies. I will pay all the expenses to school, which will not be claimed back by me, even if I withdraw my child from the school at any stage.

1. I am submitting herewith school leaving certificate.
2. Certified that the date of Birth is correct to the best of my knowledge & belief.

**Signature of Parents**

**Attached : 1. Photocopy of Date of Birth Certificate 2) School Leaving Certificate 3. Photocopy of Aadhar Card.**

### FOR OFFICE USE ONLY

Student can get admission in the class \_\_\_\_\_ Admission Granted / Not Granted \_\_\_\_\_

**Principal Signature**

**Clerk Signature**