



JBMR

(M) 98729-91330

OXFORD SHINE INTERNATIONAL SCHOOL

AFFILIATED WITH C.B.S.E. NEW DELHI, CODE - 1631436

APRA, DISTT. JALANDHAR

ADMISSION FORM

(TO BE FILLED IN BLOCK LETTERS)

PHOTO

Admission Form No.....

1. Name.....:
2. Stream.....Sex.....
3. Date of Birth.....Age.....
4. Father's/Guardian's Name.....Qualification.....
5. Mother's/Guardian's Name.....Qualification.....
6. Residential Address.....
.....
7. Occupation of the Father/Guardian.....
8. Business/Office Address of Father/Guardian.....
.....
9. Phones : Resi.....Office.....Mobile.....
10. Nationality.....
11. Belong to S.C./B.C.
12. Medium.....
13. Name of Brother/Sister studying in the school.....
14. Class to which admission is sought.....
15. Institution last attended.....
16. Percentage of marks obtained in previous class.....

Declaration :

I hereby pledge and promise that I shall abide by all the rules and regulations of the institution and that the decision of the principal with regard to the studies and discipline of my child in the school will be final.

Signature of Parents/Guardian

Note : Dues paid are not refundable in any case.FOR OFFICE USE ONLY

Received Rs.....Vide Receipt No.....Dated.....

Office Incharge

Principal