

SHAHEED AMAR SINGH PUBLIC SCHOOL

NH – 8, Near Toll Tax Complex, Bilaspur, Gurgaon (HR)
Web: www.sasps.in , E-mail: principal@sasps.in

Admiss	ion Form			
Admission Date:				
Admission No.:				
Student Fa	ohoto of ther/ ardian Affix photo of Mother/ Guardian			
Admission Required for A. INFORMATION OF THE CHILD				
First name Mi	ddle Name Last Name			
Gender Date of Birth	Nationality Religion			
Male Female				
Community Gen SC SC	ST OBC Others			
Aadhar No.				
Residential Address	Correspondence Address			
Father's Mobile No.	Mother's Mobile No.			
Email Id: Email Id:				
Preferred Mobile No. for School SMS:				

Emergency Contact N	lo.	Name of the p	erson to be Con	tacted R	Relationship
B. FAMILY INFORMAT	ION (For singl	e parent tick o	ne)		
Father/ Guardian			Mother/ Gu	ıardian	
Name:			Name:		
Qualification:			Qualification:		
Occupation:			Occupation:		
Designation:			Designation:		
Office Address:			Office Address	:	
Annual Income:	nual Income:		Annual Income:		
Aadhar No.		Aadhar No.			
Details of brothers/sis	sters of the st	udent			
Name	Age	Na	me of the Instit	ution	Standard
C. DETAILS OF PREVIO	US STUDY				
Year School			Standard	Marks Obtain	ed in final exams
D. ENCLOSURES					
Birth Certificate	e				
Transfer Certifi	cate- original				
Passport size p	hotos of the c	hild (4)			
Passport size p	hotos of pare	nts (2 each)			
☐ Copy of report	card				
Caste Certificat	te				
Aadhar Card (S					
Aadhar Card (F					
Aadhar Card (N	Nother/ Guard	dian)			

I,	have the authority to	admit my child/ war		
	to class of Shaheed Am			
	ake the responsibility of providing any ev			
information provided here, if n	ecessary, for any reason. I declare that t	he statements provided in th		
application are correct to my k	knowledge and if found otherwise, I sha	II abide by the decision of th		
management. I agree to abide	by the rules, regulations and the fee stru	icture of the school.		
Date:	Signature of Parent/Guardian			
For Sha	aheed Amar Singh Public School office us	e only		
Admission Co-ordinator		Head of the Institution		
Chaha	ad Amar Cinah Dublia C	ah a al		
Shane	ed Amar Singh Public S	CHOOL		
	Parent ID Card			
Affix photo of	Affix photo of	Affix photo of		
Student	Father/	Mother/		
	Guardian	Guardian		
Student's Name:		Class:		
Father/ Guardian's Name:				
Mother/ Guardian's Name:				