



# O. P. JINDAL SCHOOL, RAIGARH (CG) 496 001, INDIA

Phone: 07762- 227042, 227293, 227001 (Ext. 49801, 49802, 49804, 49806)

Fax : 07762-262613; e-mail: opjsraigarh@jspl.com; website: https://www.opjsrgh.in

FORM NO: .....

## ONLINE ADMISSION FORM

### FOR OFFICE USE ONLY

- a) Admission No. \_\_\_\_\_  
 b) Date of Admission \_\_\_\_\_  
 c) Admission granted in class/Sec. \_\_\_\_\_

Signature of the Principal \_\_\_\_\_

PLEASE PASTE THE RECENT  
PASSPORT SIZE  
COLOUR PHOTOGRAPH  
OF THE STUDENT  
  
(DO NOT STAPLE)

PLEASE PASTE THE RECENT  
PASSPORT SIZE  
COLOUR PHOTOGRAPH  
OF THE MOTHER  
  
(DO NOT STAPLE)

PLEASE PASTE THE RECENT  
PASSPORT SIZE  
COLOUR PHOTOGRAPH  
OF THE FATHER  
  
(DO NOT STAPLE)

SIGNATURE OF MOTHER \_\_\_\_\_

SIGNATURE OF FATHER \_\_\_\_\_

1. **Student's Name (in Block Letters)** (please Do Not Prefix Mr./Ms./Miss/Master/Ku./Kumari/Km) (32 Characters Maximum)  
 [Grid for name entry]

2. **Mother's Name (in Block Letters)** (please Do Not Prefix Dr./Prof/Rev/Smt/Mrs./Late) (32 Characters Maximum)  
 [Grid for name entry]

3. **Father's Name (in Block Letters)** (please Do Not Prefix Dr./Prof/Rev/Ft/Mr/Cpl/Late) (32 Characters Maximum)  
 [Grid for name entry]

4. **Date of Birth** (in Figures) [Grid for date entry] **5. Blood Group** of the student: .....  
 (in Words : .....) **6. Aadhaar Number** of the student : [Grid for number entry] (Photocopy to be attached)

7. **Gender**  Male  Female  Trans  
 8. **Religion** :  Hindu  Muslim  Others  Sikh  Christian  Buddha  Jain  
 9. **Category** :  ST  SC  OBC  Gen.

10. **Only child of the parents** Yes  No   
 11. **Do you belong to minority section ?** Yes  No

12. **Special needs due to** : Physical / Psychological / Developmental or any other form of disability, please specify :  
 .....

13. **Class to which admission is sought** : .....  
 14. **Name of the previous school & class which he/she left** : .....  
 15. **Details of Transfer Certificate** : SI. No. .... Date : .....

Details of family	Qualifications	Occupation	Mobile No.	e-Mail ID	
a) Father					
b) Mother					
Name of the Sibling(s) [Brother(s) / Sister(s)]			Studying in our school at present?	If Yes, Admission No.	Class & Sec.
c)			Yes / No	JS - _____	
d)			Yes / No	JS - _____	

17. **Whether bus facility is needed ?** Yes / No ....., if yes, Bus No. & Stop : ..... (to be filled by the office)

18. **Details of guardian** (if father is not alive / stays out of station)

Name : ..... Qualification : ..... Relationship with the ward : .....

19. **Whether the father / mother is an employee of** the Jindal Steel & Power Ltd. / Jindal Power Limited / Nalwa Steel & Power Ltd. / State Govt./ Central Govt. / Any other organization / Business Centre (Please give details) :

Name and address of the Deptt. / Org. / Business Centre	Designation & Employee Code	Total Income (Per Annum)

20. **Present address of the student (Address for communication)**


21. **Permanent address of the student**


22. **Areas of interest where parental contribution may enrich the school** (Please tick out the appropriate areas) :

<input type="checkbox"/> Music / Dance / Drama	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Communication Skill
<input type="checkbox"/> Academics	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Career Counselling
<input type="checkbox"/> Bus / Outing Supervision	<input type="checkbox"/> Medical	<input type="checkbox"/> Others, if any (Please specify)
<input type="checkbox"/> Sports	<input type="checkbox"/> Media / PR	_____
<input type="checkbox"/> Community Programme	<input type="checkbox"/> Painting / Sculpture	_____

### DECLARATION

- I solemnly declare that all the information furnished by me in this application is true to the best of my knowledge and belief.
- I will abide by all the existing/modified guidelines, instructions, rules and regulations of the school (mentioned in School Almanac & various parental circulars) and assure that the same is adhered by my ward, too. I will extend full co-operation in all regards.
- If I wish to stop availing the School Bus Facility for my ward, I will give one month's notice or will pay one month's bus fee, in lieu of it. Adequate reasons, thereof, will be made to such withdrawals.
- I accept that, the decision of the Principal with regard to the discipline of my ward shall be final and binding on me and my ward.
- I, hereby ensure that, in case my ward is found to be suffering from any contagious / constitutional / hereditary disease or infirmity, I will immediately bring it to the notice of the authority of the school.
- I will ensure that he/she is regular in studies, in attending all the activities organized by the school and the payment of fees and dues are made on time. I undertake full responsibility for the payment of fees on account of my ward.
- Under any circumstances, I will not approach the authority of the school for any change in the schedule pertaining to examination, scholastic and co-scholastic activities.
- I hereby assure that I will not hold the school responsible for any matter due to unforeseen circumstances, if any, occurred during the outdoor and indoor activities.

Signature of Mother .....

Signature of Father/Guardian .....

Date : .....

Place : .....