



AIR FORCE SCHOOL UPPER SHILLONG
(Under the aegis of IAF Educational & Cultural Society)



ADMISSION FORM

FORM NO.

SESSION 20.....

ADMISSION NO.

STUDENT'S INFORMATION

1. Name of the Student in Capital Letters

First Middle
Last

2. Gender Male Female

3. Date of Birth (a) (DD/MM/YYYY)

(b) In words _____

4. (a) Religion _____ (b) Category (SC/ST/OBC/Gen/Others) _____ (Specify)
(c) Mother Tongue _____ (d) Blood Group _____

5. (a) Last School attended _____
(b) Last Class attended _____ Promoted to / Study in _____
(c) Class in which admission is sought _____

6. Present home address _____

PARENT'S INFORMATION

7 (i) (a) Father's Name _____
(b) Occupation _____ (c) Basic monthly Income _____
(d) Rank _____ (e) Service No . _____
(f) Office Address _____
(g) Contact No: i) Office _____ ii) Mobile _____

7 (ii) (a) Mother's Name _____
(b) Occupation _____ (c) Basic monthly Income _____
(d) Rank _____ (e) Service No . _____
(f) Office Address _____
(g) Contact No: i) Office _____ ii) Mobile _____

8. Category (i) Officer (Defence / Civilian)

(ii) Airmen / Army & Paramilitary JCO & OR's / Defence Civilian Gr B & C

(iii) NCs(E) / NPF Employee / Defence civilian Gp D & MTS

(iv) NAF (Pure Civilian)

9. Documents required at the time of Admission

(a) Transfer cases (i) Transfer Certificate from the School last attended (Original)

(ii) Progress Report (photo copy)

(iii) Caste / Tribe Certificate (if applicable)

(iv) One recent passport-size photograph

(b) LKG Admission (i) Birth certificate (original & photocopy)

(ii) POR certificate / Part II order / Office Order duly attested by Unit Adjutant

(iii) Caste / Tribe Certificate (if applicable)

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that the date of birth and other particulars of my ward _____
_____, furnished above are correct and I shall not demand any change in them at any
subsequent date. I shall abide by the rules and regulations of the AF School.

Date : _____

Signature of the Parent / Guardian

Remarks by Headmistress

Recommended / Not Recommended

Date :

Headmistress

Remarks by Executive Director

Approved / Not Approved

Date:

Executive Director

For office use only : Name of the student _____

Class & session _____ Admission No. with date _____

Date : _____

Office Clerk