

**FOR
OFFICE
USE
ONLY**

Registration No:

Date of Receipt:

Class applied for:



IBEMHAL VISHAL ACADEMY, SAPAM

P.O. Wangjing – 795148, Dist. Thoubal

Mob. 8414040150

website: <https://ibemhal-vishalacademy.com>

REGISTRATION FORM FOR PRE-NURSERY TO IX

To
The Principal
Ibemhal Vishal Academy, Sapam

Dear Sir,
Please register my son/daughter/ward for admission into Ibemhal Vishal Academy. The particulars of the candidate are given below:

Paste Candidate's
Photograph
(Do not staple)

Name: (All in Block Letters)

Full Name														

Class Applied For

GENDER

Male

Female

Date of Birth:

Day	Month	Year

PARENTS' DETAILS:

Mother	Father
Full Name: _____	Full Name: _____
<p>Paste Mother's Photograph (Do not staple)</p>	<p>Paste Father's Photograph (Do not staple)</p>
<u>OCCUPATION DETAILS</u>	<u>OCCUPATION DETAILS</u>
Name of the Employer (Company): _____	Name of the Employer (Company): _____
Designation: _____	Designation: _____

FOR COMMUNICATION BY THE SCHOOL:

Mother	Father
Mobile No: _____	Mobile No: _____
Email ID: _____	Email ID: _____
Address: _____ _____	Address: _____ _____
P.O. _____ PIN: _____	P.O. _____ PIN: _____

SIBLING SPECIFICATION (BLOOD BROTHER/SISTER):

1. IF STUDYING IN THIS SCHOOL:	NAME: _____
	CLASS: _____ ROLL NO.: _____
2. IF APPLICANT APPEARING THIS YEAR:	NAME: _____
	CLASS ENTRY: _____

Religion: _____

Nationality: _____

Category (SC/ST/OBC/OTHER): _____

DETAILS OF THE SCHOOL APPLICANT PRESENTLY/PREVIOUSLY STUDYING IN

NAME OF THE SCHOOL: _____

ADDRESS: _____

Any achievements in School : _____

Co-curricular Activities: _____

AGREEMENT & DECLARATION:

I, _____ (Name of the Parent/Legal Guardian) understand and agree that

a) Registration **does not** mean qualification for admission. The Admission process involves an orientation followed by availability of seats.

b) If the candidate is offered Admission, then I will abide by the rules and regulations of the School.

c) I declare that I am the Parent/Legal Guardian of the candidate.

Date: _____ Signature: _____

Place: _____ Name in Block letters: _____

Relationship with the candidate: _____

Enclosures: -

1. Photocopy of the candidate's Birth Certificate issued by a competent authority.
2. Duly-attested Mark sheet of the last qualifying examination.
3. AADHAR Card of the candidate.



IBEMHAL VISHAL ACADEMY
Sapam, Khongjom

Registration Number

.....

(To be filled by the Admissions Office)

Date of Exam: Time:

ADMIT CARD
(Please fill in details)



Class applied for

Name of the Student.....

Date of Birth.....

Name of the Father/Guardian

.....
(Signature of the Parent / Guardian)

.....
Signature of the Head of School



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Signature of the Head of School