



Reg.No.:F-48817/14/P

**DAR-E-ARQAM URDU PRIMARY SCHOOL**  
**DAR-E-ARQAM ENGLISH PRIMARY SCHOOL**

Managed by:

Dar-e-Arqam Education Charitable Trust

Sr. No.54, Lane No.9, Shivneri Nagar, near Rahimiya Masjid,  
Kondhwa Khurd, Pune – 411048.

Contact No.: 95524 86285 / 84838 48641 / 84838 48651

[info200darearqam@gmail.com](mailto:info200darearqam@gmail.com) ; <http://www.dar-e-arqam.in>

**APPLICATION FOR ADMISSION**

To,

The Principal

Sir/Madam,

I Mr. / Mrs. / Ms. \_\_\_\_\_ hereby request you to admit my son / daughter / ward in  
Std. \_\_\_\_ for the year 201 / 201 .

Name of the child (IN CAPITAL LETTERS) Master / Miss

\_\_\_\_\_

Surname	Child's Name	Father's Name
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Place of Birth: \_\_\_\_\_ Native Place: \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Date of Birth: (in figures) \_\_\_\_\_ In words \_\_\_\_\_ of \_\_\_\_\_  
Two Thousand and \_\_\_\_\_ (Attach Xerox of child's Birth Certificate)

Nationality \_\_\_\_\_ Blood Group \_\_\_\_\_ Religion \_\_\_\_\_ Cast \_\_\_\_\_ Sub-caste \_\_\_\_\_

Father's / Guardian's Full Name : \_\_\_\_\_

Ed. Qualification: \_\_\_\_\_ School Attended: \_\_\_\_\_

Business / Service / Working as \_\_\_\_\_ Designation \_\_\_\_\_ Monthly Income \_\_\_\_\_

Office / Shop Address: \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ E-mail ID: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Ed. Qualification: \_\_\_\_\_ School Attended: \_\_\_\_\_

Business / Service / Working as \_\_\_\_\_ Designation \_\_\_\_\_ Monthly Income \_\_\_\_\_

Name and std. of brother / sister / relatives studying in Dar-e-Arqam School 1) \_\_\_\_\_  
Std. \_\_\_\_ 2) \_\_\_\_\_ Std. \_\_\_\_ 3) \_\_\_\_\_ Std. \_\_\_\_\_

I hereby state that signing this application form implies unconditional acceptance of all the school's admission procedures and process, rules, regulations & fees in force and as may be changed from time to time.

Yours Faithfully,

Place \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Father's / Mother's / Guardian's Signature

Submit the form on: \_\_\_\_\_ between \_\_\_\_ to \_\_\_\_ a.m./p.m. at the school. Both of the parents and the child have to meet compulsorily at the school on \_\_\_\_\_ between \_\_\_\_ to \_\_\_\_ a.m./p.m.

Name of the child: \_\_\_\_\_ Admission for Std. \_\_\_\_\_

Incomplete form will be rejected and late submission of form will be cancelled.

\_\_\_\_\_  
Principal's Signature