



## Play Group | Nursery | KG | I to V

Masjid Road, Lilong Bazar, Thoubal District, Manipur-795130

Recent photograph 3.2cm x 2.5cm

## **ADMISSION FORM**

for Academic Session 2025

Date of Admission:		PEN No.				
Admission Sought i	n:- Class:	Roll No. :	S	ection:		
PARTICULARS OF THE STUDENT						
Student's Name: [ (in capital)						
Father's Name:						
Mother's Name:						
Date of Birth: D D M M Y Y Y Y Sex: Male Female						
Religion: Category: GENERAL OBC OTHERS						
Father's Occupation	n Quali	fication	Phone No.			
Mother's Occupation	on Quali	fication	Phone No.		$\Box$	
Address:						
District:	State:	Pin code:				
Blood Group Ailment (if any)						
DOCUMENTS REQUIRED  Photocopy of the Birth Certificate / Aadhar Card  2 Photos of 3.2 cm x 2.5 cm of the child.  Permanent Education Number (PEN) for students taking admission in classes other than PG.						
DECLARATION BY PARENT/GUARDIAN						
I do, hereby declare that the information given is correct and complete and I have not withheld any information. I agree to entrust my child under the care of the staff at AIS. I shall not hold AIS responsible for any unavoidable mishap or accident. I am aware that the fees once paid is non-transferable and non-refundable under any circumstances. By signing this form I agree to receive promotional SMS and communication with respect to my AIS Centre. I have read through the AIS policies and in agreement abide by the rules and regulations of the school.						
Parent Name: .		Signature:		Date:		