



An ISO 9001:2015 certified

Government of Uttar Pradesh

Department of School Education and Literacy (Uttar pradesh Education Project Council) Admission Form for Admission in CM School of Excellence Session: 2026-27

NAME OF THE SCHOOL APPLYING: _____

DISTRICT: _____ BLOCK: _____

Photo

NAME OF THE STUDENT : _____

GENDER : BOY/GIRL/TRANSGENDER

DATE OF BIRTH: IN FIGURES -----

IN WORDS -----

CLASS (to which Admission is sought) _____ Stream (in case of class-XI) _____

NAME OF THE SCHOOL & CLASS LAST ATTENDED AND NAME OF THE BOARD OF EXAMINATION: (for class II and above) _____

AADHAR NO. _____

STUDENT PEN No. _____

STUDENT APAAR ID _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

GUARDIAN'S NAME: _____

OCCUPTATION OF FATHER _____ MOTHER _____

ANNUAL INCOME OF FAMILY (FROM ALL SOURCES) : _____

RESIDENTIAL ADDRESS: _____

DISTRICT: _____ BLOCK: _____

PANCHAYAT / MUNICIPAL: _____

VILLAGE/ WARD _____

BLOOD GROUP: _____ CASTE: (SC/ST/BC-I/BC-II/EWS/GEN) _____

RELIGION: _____

MOBILE NO. (MOTHER) _____ FATHER _____

ALTERNATIVE MOBILE NO. (IF ANY) _____

TYPE OF DISABILITY (IF ANY) _____

LIST OF DOCUMENTS ATTACHED

1. FOR DATE OF BIRTH : _____

2. FOR RESIDENCE PROOF: _____

3. CASTE CERTIFICATE (IN CASE OF SC/ST/BC-I/BC-II/EWS): _____

4. ANY OTHER (IF ANY): _____

Parents/ Guardian's Signature

Part –B
Undertaking

I, Shri. / Smt. _____ Father/Mother/Guardian of
_____ hereby, declare, that the details provided by me in the
application form are complete, accurate and true to the best of my knowledge and based on records.
I, also certify that the actual Date of Birth of my ward _____
is (in figures) _____ (in words) _____
and I shall not apply for change of Date of Birth in future.

Dated _____

Parents/ Guardian's Signature

भाग-ख
घोषणा पत्र