



AHMADI SCHOOL FOR THE VISUALLY CHALLENGED ALIGARH MUSLIM UNIVERSITY, ALIGARH.

Application form for Admission

Session 2024-25

Affix
(Do Not Staple)
Recent
Photograph
without Glasses

1. Class to which admission is sought: _____
2. Name of the Candidate in Block Letters: _____
3. Date of Birth : (In figures) _____
: (In words) _____
4. Age as on 31.03.2023: _____ Year : _____ Month
5. Gender: Male/Female : _____
6. Father's Name : _____
7. Mother's Name : _____
8. Father's Occupation : _____
9. Mother's Occupation : _____
10. Income per annum : _____ (Proof of income)
11. Home Address : _____

City: _____ Pin: _____ State _____
12. Contact numbers : _____
13. Address for correspondence : _____

14. Relation/Immediate neighbour's mobile number: _____
15. Hostel accommodation required Yes/No : _____ (Subject to availability hostel accommodation is not guaranteed in any case)
16. Religion with caste : _____ (Certificate of Caste in case of OBC/BC/SC/ST)
17. Name of the local Guardian : _____
Relationship with the student : _____
Address: _____

Contact No. _____ Signature: _____

18. Mention the strengths/abilities of the student according to the following description-

- a). Is he/she able to eat independently? : Yes/No
 b). Is he/she able to wear clothes on his/her own : Yes/ No
 c). Has he/she been given toilet training : Yes/No
 d). If he/she is able to move around : Yes/No
 e). Is he/she able to take care of his/her belongings : Yes/No

19. Give the name(s) of relatives approved by parents for acting as Local Guardian(s) of the student and for taking him/her to their home during vacations and holidays.

1. _____ 2. _____ 3. _____

20. Any other disability/disease, please specify: _____

21. Percentage of blindness : _____

22. Last School attended _____

Class passed _____ Year _____

23. Remark, if any _____

We, hereby agree to abide by the rules and regulations framed by the school from time to time.

Signature/thumb Impression of the candidate _____

Signature/Thumb Impression of Guardian _____

Dated: _____

For Office Use:

- 1) Name of the Candidate : _____
- 2) Date of Admission : _____
- 3) Admitted to Class : _____
- 4) Admission/Scholar Register No. _____

Documents Attached.

- 1) Certificate of Blindness issued by CMO.
- 2) Date of Birth Certificate.
- 3) Father's Income Certificate.
- 4) Reasons for leaving last School.
- 5) T/C of last school attended.