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

Application form for Admission

Session   2026-27

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 31.03.2025: _____ 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.