



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

*Application form for Admission*

*Session 2020-21*

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 31.03.2020: \_\_\_\_\_ 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.