



# AIR FORCE SCHOOL BKT

## ADMISSION FORM: 2018-19

Paste one passport size photograph and deposit one photo with details mentioned at the back.

1. Name of Student \_\_\_\_\_
2. Date of birth (In figure) \_\_\_\_\_  
(In Words) \_\_\_\_\_
3. Age as on 01 April : \_\_\_\_\_  
Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_
4. Nationality \_\_\_\_\_ Mother Tongue \_\_\_\_\_
5. Name of Father (With rank if Def Cat) : \_\_\_\_\_  
Occupation : \_\_\_\_\_ Annual Income : \_\_\_\_\_ Edn Qualification : \_\_\_\_\_
6. Mother's Name : \_\_\_\_\_  
Occupation : \_\_\_\_\_ Annual Income : \_\_\_\_\_ Education Qualification : \_\_\_\_\_
7. Addresses :  
(a) Residential Address with Contact No. (b) Office Address with Contact No.  

<p>_____</p> <p>_____</p> <p>_____</p> <p>Tele : _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Tele : _____</p>
--	--
8. Class to which admission is sought : \_\_\_\_\_
9. Result of last examination (if applicable) : \_\_\_\_\_
10. Whether transfer certificate attached : \_\_\_\_\_
11. TC No. \_\_\_\_\_ date of Transfer certificate \_\_\_\_\_

### DECLARATION BY PARENTS

I here by declare that the above mentioned information in respect of my son/ daughter furnished by me is correct.

Parents /legal guardian Signature



---

**AGE PROOF CERTIFICATE BY SERVICE AUTHORITIES**  
**TO BE RENDERED BY RESPECTIVE UNIT**

It is certified that \_\_\_\_\_ (Full service particulars and section/unit) is a combatant member of Indian Air Force and is presently serving in \_\_\_\_\_ (unit/Section). The date of birth of his child named \_\_\_\_\_ is \_\_\_\_\_ as per service documents.  
(Quote the POR Authy with date ): \_\_\_\_\_

Date : \_\_\_\_\_ Sign of Adjt / Asst Adjt \_\_\_\_\_

Unit Stamp

Note : Civilian will have to produce a certificate from the appropriate authority as a proof of date of birth of their child, in case of his / her initial admission.

---

**FOR OFFICE USE: AF SCHOOL BKT**

Please admit \_\_\_\_\_ (wards name) to class \_\_\_\_\_ after checking the relevant papers and realizing the dues.

Date : \_\_\_\_\_ Sign of Headmistress / Class Teacher \_\_\_\_\_

---

**FOR OFFICE USE ONLY : STN EDN SECTION 38 WG, AF**

It is confirmed that (wards name) \_\_\_\_\_ admitted in class \_\_\_\_\_ and have paid all the dues vide fee receipt No. \_\_\_\_\_ dated \_\_\_\_\_.

Date : \_\_\_\_\_ Sign of Exe Dir / AF School Manager \_\_\_\_\_