



वायु सेना विद्यालय बखशी का तालाब, लखनऊ

AIR FORCE SCHOOL BAKSHI KA TALAB LUCKNOW

पिन/Pin- 226201, Telephone No.- 05222981444, Mobile No.- 8756538184

ई. मेल/Email: principalafschoollbkt@gmail.com

Website: www.afsbkt.com

Registration No. - PS/18/CAC

Admission No.:/2025-26

ADMISSION FORM: 2025- 26

- Name of Students: _____
- Date of Birth (in figure): _____
(In Words): _____
- Age as on 01 April: _____
Year's _____ Months _____ Days _____
- Nationality _____ Mother Tongue _____
- Disability (if any, attach certificate) _____
- Name of Father (With rank if Def Cat): _____
Occupation: _____ Annual Income: _____ Edn Qualification: _____
- Mother's Name: _____
Occupation: _____ Annual Income: _____ Edn Qualification: _____
- Address:
(a) Residential Address with contact No. (b) Office Address with contact No.

Tele: _____

Tele: _____
- Class to which admission is sought: _____
- Result of last examination (if applicable): _____
- Whether transfer certificate attached: _____
- TC No.: _____ Date of Transfer Certificate _____
- Account Holder (Name) _____ A/C Number _____
Bank (Name) _____ IFS Code _____ Branch _____

DECLARATION BY PARENTS

I hereby 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: AIR FORCE 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 dues vide fee receipt No. _____ Dated: _____.

Date: _____ Sign of Exe Dir / AF School Manager
