



Admission to neighbourhood children belonging to disadvantaged groups and economically weaker sections.

Enquiry for admissions for the session 2024-25 are sought from children belonging to the disadvantaged groups and the economically weaker sections of the society, under the provision of Section 12(1)(C) as per the RTE Act 2009, for classes Nursery to VIII.

Application forms can be collected from the school office and be submitted to the Principal, The down town School, Hatishila, Guwahati seeking admission in any of the above classes.

The following relevant documents are required to be submitted along with the application seeking admission:

- A certificate from the competent authority of the State Social Welfare Department / Health Department for the identification of orphans, children with special needs, HIV affected / infected.
- A certificate from a competent authority from the Government of Assam identifying children from the SC / ST category.
- A certificate from the Labour Department or local police station for identifying the street children.
- A certificate from a competent authority of the state revenue Department for identification of children belonging to weaker sections of society.

**Maya Alfred Fernandes
Principal**

The down town School, Guwahati

(Application Form for Admission under the provision of Section 12(1) (C) of the RTE Act 2009 for classes Nursery to VIII)

Father

Mother

Child

INFORMATION REGARDING THE CHILD

1. NAME OF THE CHILD: _____

2. D.O.B OF THE CHILD: _____ (DD.MM.YY)

3. ADMISSION IN CLASS: _____

4. AADHAAR NO OF THE CHILD: _____

5. FATHER'S/GUARDIAN NAME: _____

6. OCCUPATION: _____

7. CONTACT NO: _____

8. AADHAAR NO: _____

9. MOTHER'S/GUARDIAN NAME: _____

10. OCCUPATION: _____

11. CONTACT NO: _____

12. AADHAAR NO: _____

13. CASTE: _____

14. RELIGION: _____

15. PERMANENT ADDRESS:

16. PRESENT ADDRESS:

17. DISTANCE FROM SCHOOL TO RESIDENCE:

18. WHETHER BELONGS TO BELOW POVERTY LINE (BPL):

Yes

No

(Please place a tick mark in the corresponding box.)

19. DETAILS OF DISABILITY, IN CASE OF CWSN (Children With Special Needs)

20. INFORMATION OF ORPHAN, HIV AFFECTED/INFECTED, MIGRATED AND STREET CHILD IF ANY

21. BANK ACCOUNT NO OF THE CHILD WITH IFSC CODE:

22. BANK NAME AND BRANCH OF ACCOUNT REFERRED ABOVE:

Signature of Father
Date:

Signature of Mother
Date: