

# DON BOSCO SCHOOL - KOKAR - RANCHI

## APPLICATION FORM FOR ADMISSION 2026-2027

|  |   |   |
|--|---|---|
| <p><b>Family Photograph</b><br/>(Father, Mother &amp; child/children together in one photo)</p> <p>(Paste)</p> | <p><b>Passport Size Photo of the Candidate</b></p> <p>(Paste)</p> | <p>FOR OFFICE USE ONLY</p> <p>Registration No.</p> <p>ISC _____ 2026-27</p> |
|--|---|---|

**(Fill the following in BLOCK letters)**

|     |   |      |   |                     |  |  |  |  |
|-----|---|------|---|---------------------|--|--|--|--|
| 1.  | Name of the Candidate:                          |      |   |                     |  |  |  |  |
| 2.  | Date of Birth:                                  |      |   |                     |  |  |  |  |
|     |   | Date | Month                                   | Year                |  |  |  |  |
| 3.  | Date of Birth in words:                         |      |   |                     |  |  |  |  |
| 4.  | Sex:  |      | 5.                                      | GEN / SC / ST / OBC |  |  |  |  |
| 6.  | Religion:                                       |      | If Christian, specify the Denomination: |                     |  |  |  |  |
| 7.  | Blood Group:                                    |      | 8.                                      | Mother Tongue:      |  |  |  |  |
| 9.  | Permanent Education Number (PEN):               |      |   |                     |  |  |  |  |
| 10. | Aadhar No. of the Candidate:                    |      |   |                     |  |  |  |  |
| 11. | In which Class does the student seek admission: |      |   |                     |  |  |  |  |
| 12. | Name of the School last attended:               |      |   |                     |  |  |  |  |
| 13. | Father's Name:                                  |      |   |                     |  |  |  |  |
|     | Designation:                                    |      |   |                     |  |  |  |  |
|     | Office Address:                                 |      |   |                     |  |  |  |  |
|     | Mobile No.:                                     |      |   |                     |  |  |  |  |
|     | Aadhar No.:                                     |      |   |                     |  |  |  |  |
| 14. | Mother's Name:                                  |      |   |                     |  |  |  |  |
|     | Designation:                                    |      |   |                     |  |  |  |  |
|     | Office Address:                                 |      |   |                     |  |  |  |  |
|     | Mobile No.:                                     |      |   |                     |  |  |  |  |
|     | Aadhar No.:                                     |      |   |                     |  |  |  |  |

|     |                      |
|-----|----------------------|
| 15. | Residential Address: |
|     | <br><br>             |
|     | Tel. / Mobile No.:   |
| 16. | Permanent Address:   |
|     | <br><br>             |
|     | Tel. / Mobile No.:   |

|     |   |
|-----|---|
| 17  | Is sibling (Real Brother/Sister) studying in Don Bosco School, Kokar? YES / NO <input type="checkbox"/> |
|     | Name of Real Brother/Sister _____ Cl. & Sec. : _____ Admn. No. _____                                    |
|     | Name of Real Brother/Sister _____ Cl. & Sec. : _____ Admn. No. _____                                    |
| 18. | If candidate's Father/Mother is an Alumni of any Don Bosco School / College / Institute:                |
|     | Name of the Institution: <input type="text"/>   |
|     | Year of Studies: <input type="text"/> Class / Course Completed: <input type="text"/>                    |
|     | Don Bosco Alumni Registration No: <input type="text"/>  |
| 19. | Any Medical History:  |
| 20. | Any Loco-motor or learning disability / disorder present in the Candidate: <input type="text"/>         |

**CERTIFICATE**

I/We hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection /admission process without any correspondence in this regard. I/We also understand that the application / registration / short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

\_\_\_\_\_  
Signature of the Mother

\_\_\_\_\_  
Signature of the Father

\_\_\_\_\_  
Signature of the Guardian

\_\_\_\_\_  
Date:

# STUDENT PERFORMANCE CHART

**ACADEMIC PERFORMANCE (Attach Copy of Class X Annual/Preboard School Report Card)**

| CLASS X                            | AGGREGATE % | ENGLISH | MATHS | PHYSICS | CHEM | BIO | SST | COMPUTER SCIENCE |
|------------------------------------|-------------|---------|-------|---------|------|-----|-----|------------------|
| CLASS X ANNUAL OR PREBOARD RESULTS |             |         |       |         |      |     |     |                  |

## II. AWARDS WON IN THE PAST

| Sl. No | AWARD |
|--------|-------|
|        |       |
|        |       |
|        |       |

## III. CHOICE OF STREAM (I.Non-Medical / II.Medical / III.Commerce / IV.Humanities)

| CHOICE        | NAME OF STREAM | SUBJECTS |
|---------------|----------------|----------|
| FIRST CHOICE  |                |          |
| SECOND CHOICE |                |          |
| THIRD CHOICE  |                |          |

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date