



# PEARL ACADEMY SENIOR SECONDARY SCHOOL

A UNIT OF DR KABITA GOSWAMI MEMORIAL TRUST  
WARD NO. 4, BAMGAON, BISWANATH CHARIALI (ASSAM) - 784176  
WWW.PEARLACADEMYASSAM.CO.IN

Permitted by THE GOVERNMENT OF ASSAM and Recognized by ASSEB DIVISION-II

## FORM FOR ADMISSION INTO CLASS XI SCIENCE & ARTS STREAM

APPLICATION NO.:

**FILL UP THE FORM IN BLOCK LETTERS ONLY (USE BLACK PEN)**

The photograph of the student must be in formal dress or school uniform. Do not pin the photograph. The photograph must be pasted with glue.

AFFIX RECENT  
COLORED  
PHOTOGRAPH  
WITH WHITE  
BACKGROUND

APAAR ID.:

### PART A: STREAM OPTED TO STUDY FOR

SCIENCE STREAM  ARTS STREAM

### COMPULSORY SUBJECTS (FOR BOTH STREAMS)

ENGLISH (CORE): (Core English is compulsory across both streams)

MODERN INDIAN LANGUAGE: (i) ALTERNATIVE ENGLISH  (ii) ASSAMESE

### ELECTIVE SUBJECTS:

#### FOR SCIENCE STREAM STUDENTS

- COMBO 1: PHYSICS, CHEMISTRY, MATHS, BIOLOGY  COMBO 3: PHYSICS, CHEMISTRY, MATHS, STATISTICS
- COMBO 2: PHYSICS, CHEMISTRY, MATHS, COMPUTER SCIENCE  COMBO 4: PHYSICS, CHEMISTRY, MATHS, GEOGRAPHY

#### FOR ARTS STREAM STUDENTS

- COMBO 1: POL. SCIENCE, ECONOMICS, MATHEMATICS, GEOGRAPHY
- COMBO 2: POL. SCIENCE, ECONOMICS, EDUCATION, GEOGRAPHY/ COMPUTER SCIENCE/ SOCIOLOGY

### PART B: APPLICANT'S DETAILS

FULL NAME OF APPLICANT: (AS PER ADHAAR CARD):

First Name

Middle Name

Surname

ADHAAR CARD NO.:  DATE OF BIRTH:

CATEGORY: GEN  OBC  SC  ST(P)  ST(H)  TEA TRIBE  GENDER: MALE  FEMALE

Note: (Certificate from the proper authority is to be attached, except in case of the General Category)

RELIGION:  NATIONALITY:  MOTHER TONGUE:

### PRESENT ADDRESS:

WARD NO:  VILL/TOWN:  LANDMARK:

DISTRICT:  STATE:  PINCODE:

### PERMANENT ADDRESS:

WARD NO:  VILL/TOWN:  LANDMARK:

DISTRICT:  STATE:  PINCODE:

MOBILE NUMBER:  EMAIL ID:

BLOOD GROUP:  WHETHER UNDER ANY MEDICATION: Y  N

NOTE: If the applicant has any medical condition, please specify the condition separately and submit a medical certificate along with emergency medication attested by a registered medical practitioner

### PART C: PARENT/ GUARDIAN DETAILS

FATHER'S NAME: (AS PER ADHAAR CARD):

First Name

Middle Name

Surname

ADHAAR CARD NO.:  OCCUPATION.:

MOBILE NUMBER:  EMAIL ID:

MOTHER'S NAME: (AS PER ADHAAR CARD):

First Name

Middle Name

Surname

ADHAAR CARD NO.:  OCCUPATION.:

MOBILE NUMBER:  EMAIL ID:

PERMANENT HOME ADDRESS:

WARD NO:  VILL/TOWN:  LANDMARK:

DISTRICT:  STATE:  PINCODE:

### PART D: ACADEMIC DETAILS

LAST SCHOOL ATTENDED:  YEAR OF PASSING :

LOCATION OF SCHOOL:  LAST EXAM PASSED:

SCHOOL EXAM BOARD:  EXAMINATION CENTER:

TOTAL MARKS OBTAINED:  OUT OF 600 PERCENTAGE:  CGPA:

SUBJECT	ENGLISH	MIL	GENERAL MATHEMATICS	GENERAL SCIENCE	SOCIAL SCIENCE	ELECTIVE
MARKS OBTAINED						

### PART E: DECLARATION

I, \_\_\_\_\_, HEREBY DECLARE THAT THE ABOVE INFORMATION, PROVIDED BY ME, IS CORRECT AND COMPLETE. I AM AWARE THAT GIVING FALSE INFORMATION TO THE AUTHORITY OF PEARL ACADEMY SENIOR SECONDARY SCHOOL CONCERNING ADMISSION IS A PUNISHABLE OFFENCE. ALSO, I AM AWARE OF THE FACT THAT THE AUTHORITY OF PEARL ACADEMY SENIOR SECONDARY SCHOOL, BISWANATH CHARIALI FOLLOWS A MERIT -BASED PROCEDURE TO SELECT STUDENTS FOR ADMISSION INTO ITS HS FIRST YEAR CLASS.

FULL SIGNATURE OF THE APPLICANT

I HEREBY ENDORSE THE ABOVE DECLARATION OF MY SON/DAUGHTER.

SIGNATURE OF FATHER/MOTHER/GUARDIAN

### **FOR OFFICE USE ONLY**

ADMISSION NO.  REGISTRATION NO.  ADMITTED TO CLASS  SECTION

VERIFIED: Y  N

DATE:

SEAL OF THE OFFICE OF PEARL ACADEMY

SIGNATURE OF PRINCIPAL