

**COAST GUARD PUBLIC SCHOOL  
DAMAN**

(AFFILIATED TO CBSE, NEW DELHI)  
APPLICATION FOR ADMISSION 2026-27  
FILL THE FORM IN **CAPITALS LETTERS**  
ONLY

RECENT PHOTO

|    |                                                                                             |                                                                                                         |                  |  |
|----|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------|--|
| 01 | Name of the Pupil<br>(Name as per Birth certificate/LC/TC)                                  |                                                                                                         |                  |  |
| 02 | Date of Birth<br>(in words)                                                                 |                                                                                                         |                  |  |
| 03 | Place of Birth                                                                              |                                                                                                         | Nationality:     |  |
| 04 | Gender                                                                                      |                                                                                                         |                  |  |
| 05 | Caste/Religion                                                                              |                                                                                                         |                  |  |
| 06 | Whether the student belongs to SC/ST/OBC – Yes /No<br>(If yes, attach a true/attested copy) |                                                                                                         |                  |  |
| 07 | Class to which admission is sought                                                          |                                                                                                         |                  |  |
| 08 | Name of the School last attended                                                            |                                                                                                         |                  |  |
|    | Educational background                                                                      |                                                                                                         |                  |  |
|    | (a)                                                                                         | Whether it is recognized /unrecognized school                                                           |                  |  |
|    | (b)                                                                                         | Affiliated to CBSE/ICSE or /recognized by the state Board (specify the board Name)                      |                  |  |
|    | (c)                                                                                         | Medium of Instruction                                                                                   |                  |  |
|    | (d)                                                                                         | Result of last examination Passed /Failed _____% of marks _____ (attach attested copy of result)        |                  |  |
|    | (e)                                                                                         | Subject offered/studied (i) _____ (ii) _____<br>(iii) _____ (iv) _____ (v) _____<br>(vi) _____          |                  |  |
|    | (f)                                                                                         | Whether Transfer Certificate is countersigned by Education Authorities is attached _____                |                  |  |
|    | (g)                                                                                         | No & Date of issue of Transfer Certificate _____                                                        |                  |  |
| 09 | (a)                                                                                         | Group for which admission is sought SCIENCE/COMMERCE/ARTS<br>(in case of application for class XI only) |                  |  |
|    | (b)                                                                                         | Subject Sought (i ) _____ (ii) _____<br>(iii) _____ (iv) _____ (v) _____                                |                  |  |
| 10 | Parents Detail                                                                              |                                                                                                         |                  |  |
|    | (a)                                                                                         | Full Name of the father _____<br>(as registered in Birth Certificate/LC/TC)                             |                  |  |
|    |                                                                                             | Qualification:                                                                                          | Occupation :     |  |
|    |                                                                                             | Office address : _____                                                                                  |                  |  |
|    |                                                                                             | Contact No: _____                                                                                       | Email Id : _____ |  |
|    | (b)                                                                                         | Full Name of the mother _____<br>(as registered in Birth Certificate/LC/TC)                             |                  |  |
|    |                                                                                             | Qualification :                                                                                         | Occupation :     |  |
|    |                                                                                             | Office address : _____                                                                                  |                  |  |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|    | Contact No:_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Email Id :_____                                                                                                                             |
| 11 | Present residential address_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |
| 12 | Full Name of the local guardian & address with phone No._____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             |
| 13 | Permanent Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |
| 14 | Whether the student is a ward of serving CG/CGPS/Ex-service men_____ (If yes please state Rank & Designation) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                             |
| 15 | Does the Pupil have any particular physical weakness which requires special observation? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                             |
| 16 | Family Profile:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |
|    | (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Child's position in the family: only child_____eldest_____youngest ____in the middle_____                                                   |
|    | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type of family: _____joint _____nuclear                                                                                                     |
|    | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Family Background:_____Rural _____Urban                                                                                                     |
|    | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mother tongue_____Home town_____                                                                                                            |
|    | (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Is candidate's brother/sister a student of Coast Guard Public School? (No/Yes) _____(if yes Name, Age, Std)_____                            |
|    | (f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of the other school attended by candidate's brother /sister:<br>Name of the student_____Std _____<br>Name of the student_____Std _____ |
|    | (g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | With whom is your child attached: Mother/Father/Grand parents _____                                                                         |
|    | <b>General Instruction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |
| 1  | An attested copy/Xerox copy of the pupil's <b>Birth Certificate, Aadhar Card</b> of the pupil and parents, and the previous year's progress report are mandatory to be submitted along with the registration form. Except for pupils who have not attended any previous school, a certificate from the previous school stating the pupil's date of birth, class, conduct, progress, and the report of the last examination held is required for all candidates. The date of birth and the spelling of the pupil's name, as well as the names of the father and mother, must strictly match the previous school records. |                                                                                                                                             |
| 2  | <b>Acceptance of registration is no assurance that the admission will be granted.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             |
| 3  | <b>Registration Fees is non-refundable in any case.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |

## Note:

Parents are requested to submit the duly filled form along with registration fee of ₹500 (Rupees Five Hundred only) and application form fee of ₹20 (Rupees Twenty only). The payment should be made using the QR code scanner available at the help window.

**DECLARATION BY THE PARENTS**

I hereby declare that the particulars in respect of my son/daughter are correct and that I would not demand any change in them at any time in future. I shall abide by the rules of the school.

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

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

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

**CERTIFICATE OF THE EMPLOYER**

Certificate that the particulars given above are correct and he/she has been transferred /is working here w.e.f/since \_\_\_\_\_ His /her basic pay is Rs \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Stamp/Seal

**OR**

**SELF EMPLOYED/BUSINESS**

This is to certify that I am self-employed/ having own Business

\_\_\_\_\_

and my annual income is \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Stamp/Seal

**FOR OFFICE USE ONLY**

Principal's Remark \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPROVED/NOT APPROVED**

**COAST GUARD PUBLIC SCHOOL, DAMAN**

Fees Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

Office Clerk Signature \_\_\_\_\_

Admitted to class \_\_\_\_\_ Section \_\_\_\_\_

Admission No \_\_\_\_\_ Date of Admission \_\_\_\_\_

Name has been entered in class attendance Register Yes/No \_\_\_\_\_ Class

Teacher Signature \_\_\_\_\_