



ASIAN INTERNATIONAL SCHOOL (AISA)

Ring Road, Namnakala, Ambikapur (Chattisgarh)

Run by : AKCG Technical Education Health Research Trust

Corporate identification No. (CIN) U85300CT2021NPL011350

07774-450423, 07772963125

UID

For office use only

ADMISSION 2025-2026

STUDENT DATA FORM

Registration Number

For office use only

Registration

Receipt No.

Date of Registration

(Use only BLOCK LETTERS. Please provide all details without leaving any blanks.)

Affix recent
Colour
Photograph
Of the
Candidate

Name

Admission sought in class..... Date of Birth..... Gender: M ☐ F ☐

Place of Birth.....

Primary Contact information for communication (All information shall be provided to primary Contact only)

Contact Person's Name

Relationship with the student

Address.....

City..... State..... Country..... Pin Code.....

Primary Contact No..... Mobile No.....

Previous School / Montessori Details

Name of School

Address

City..... State.....

Country..... Pin Code.....

Name of the Principal

Last class Attended

Board..... Medium.....

Second Language..... Third Language.....

Please attach the following documents (Self Attested)

Birth Certificate ☐

Previous Class Report Card ☐

Photograph of Student ☐

Address Proof ☐

Immunization Card ☐

ITR ☐

Last Academic performance record (Please put % Marks) for student seeking admission in III to Class XI
(Wherever applicable)

English	2 nd Language	Mathematics	Science	Social Science	EVS	Others

Mother Tongue.....

Nationality.....

Religion.....

Caste : ST ☐ SC ☐

OBC ☐ Gen. ☐

*Provide Certificate

Category : General ☐ Staff ☐

Staff Name.....

Staff ID

Single Parent: Yes ☐ No ☐

Legal Guardian (if single parent is selected)

Father ☐ Mother ☐

*Provide Affidavit

Father

Name Qualification.....

Year of Passing Name of College /institution.....

Professional Qualification (if any)

Residential Address

..... Phone Mobile.....

Nationality.....Religion.....Caste: SC ☐ ST ☐ OBC ☐ Gen ☐ Mother Tongue.....

Work Details/Occupation Type: Service ☐ Govt. ☐ Pvt. ☐ Business ☐ Professional ☐ Others ☐

Organization Name.....

Designation..... Annual Income.....

Office Address.....

Office Contact Number..... Email id.....

Affix recent
Colour
Photograph
Of the
Father

Mother

Name Qualification.....

Year of Passing Name of College /institution.....

Professional Qualification (if any)

Residential Address

..... Phone Mobile.....

Nationality.....Religion.....Caste: SC ☐ ST ☐ OBC ☐ Gen ☐ Mother Tongue.....

Work Details/Occupation Type: Service ☐ Govt. ☐ Pvt. ☐ Business ☐ Professional ☐ Others ☐

Organization Name.....

Designation..... Annual Income.....

Office Address.....

Office Contact Number..... Email id.....

Affix recent
Colour
Photograph
Of the
Mother

Associated with [Please(✓) the areas where parents (both father and mother) can contribute to school]

- ☐ Music ☐ Academic ☐ Sports ☐ Community Programme ☐ Social Skills ☐ Medical
- ☐ Media/PR ☐ HR Training ☐ Painting/ Sculpture ☐ Career Counseling communication skills ☐ Public Speaking ☐ IT

Details of Siblings

Sr. No.	Name	Class	Sec.	Roll No.	Regn. No.

I/We.....&.....parent of.....have read the School's rules and regulations and hereby agree to abide by the same. All the above mentioned details provided by me/us are true in all respect. In case of discrepancy with the facts, the school authority reserves the right to cancel the Registration form as well as the admission of the child. I also hereby agree to abide by the school rule that the school reserves the right to issue compulsory transfer certificate to the child for any act of indiscipline. I have read and fully understood these conditions and declarations.

Place: Signature of Father Name.....

Date : Signature of Mother Name.....



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FEE STRUCTURE

Particulars	LKG & IV	V-VIII
Admission Fee (One Time)	₹ 4,500	
Security Deposit (One Time)	₹ 500	
Administrative Charges	-	
Total One (One Time)	₹ 5,000	
Session Fee (Annual)	₹ 500	
Maintenance (Annual)	₹ 300	
Development Fee (Annual)	₹ 1,000	
Activity Fee (Annual)	₹ 2,500	
Miscellaneous Fee (Annual)	₹ 1,000	
Tuition Fee (Quarterly)	₹ 6,000	
Lab Fees (Science Students only)	-	
Total	₹ 21,300	

* Fee have to be deposited on a quarterly basis.

* The fee are not inclusive of school uniform, accessories, books, stationery and transport.

TRANSPORT FACILITIES

1. Pick-up and drop services will be available for students throughout Ambikapur, Surguja (CG).
2. Information regarding the precise routes and pick up locations will be provided to parents/guardians before the commencement of the academic session.
3. Cost will depend on the distance covered by the school vehicle. Distance wise slab rate are given on the school website and also available with the transport authorities at the school campus.

Application Form & Prospectus available at the following locations

City Office	School Campus	Bank

Phone Number – 07774-450423, 07772963125, 9039511123

CHECKLIST of Documents Required at different stages

SUBMISSION OF APPLICATION	INTERVIEW/TEST CALL	ADMISSION
1. Student Data Form 2. Admit Card 3. Medical Form 4. Birth Certificate (Photocopy) 5. Previous Class Report Card (Photocopy) 6. 2 Passport Size Photo of Student 7. ITR, Photo ID Proof & Address Proof 8. Immunization Card 9. ₹250/- (rupees Two hundred and Fifty only) Registration Processing Fee	1. Admit Card 2. Stationery For The Test (Class II and above) 3. All original Documents submitted during depositing the Application. (For Verification)	1. Admission Granted letter. 2. Doctors Certificate. 3. Fees

APPLICATION FORM CHARGE – ₹500/- (Rupees Five Hundred Only)



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MEDICAL FORM

UID

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(Use only BLOCK LETTERS. Please provide all details without leaving any blanks.)

Date of Birth

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D D M M Y Y Y Y

Sex: M ☐ F ☐ Age:

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Affix recent
Colour
Photograph
Of the
Candidate

Name Class

Weight.....(kg), Height.....(cm), Blood Group..... Power (in case of Spectacles) L/E ☐ R/E ☐

Medical History: (Please give the details of any serious illness/operation, contagious/infectious diseases, your child might have suffered/undergone)

1. Diseases suffered: {like Measles, Mumps, Chicken Pox, Jaundice, Tuberculosis, Epilepsy, Swine Flu (H1N1) etc}

Sl.No.	Disease	Year

2. Operation Undergone: (like Appendicitis, Fracture etc.)

Sl.No.	Disease	Year

Allergy (if allergic to any Drug or Food).....
.....

Details of Vaccination: (Please attach photocopy of immunization.)

	1 st Dose	2 nd Dose	3 rd Dose	Booster
BCG				
DTP/OPV				
MMR				
Typhoid				
Hepatitis A				
Hepatitis B				
Chicken Pox				

I/we hereby give/do not give/shall write back in 10 days, my consent for vaccination of my child for (i) Typhoid (ii) Chicken Pox (iii) Hepatitis A (iv) Hepatitis B (v) Any other Vaccine. (Strike all whichever is not applicable)

Place.....

(Signature of Parent/Guardian).....

Date

Name (in capital letters).....



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DOCTOR'S CERTIFICATE

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For office use only

Please have this form filled by your child's Pediatrician /General Physician and submit the form at the school office along with the admission form.

This is to certify that I have examined the following student and his/her details are mentioned below.

Name of the Student..... Gender: M ☐ F ☐

Height, Weight.....Age:.....

Ophthalmic problems
(If any)

Dental problems
(If any)

Orthopedic problems
(If any)

Respiratory problems
(If any)

Skin problems
(If any)

Allergies
(If any)

Epilepsy.....

Metabolism (obesity etc.).....

Heart problems
(If any)

Any Other problems
(If any)

Doctor's name.....

Address.....

Phone Mobile..... Registration No.....

Date.....

Doctor's Signature.....