



वायु सेना विद्यालय बख्शी का तालाब, लखनऊ
AIR FORCE SCHOOL BAKSHI KA TALAB, LUCKNOW

पिन/Pin-226201, Telephone No.- 05222981444, Mobile No.- 8756538184

ई. मेल/Email: principalafschoolbkt@gmail.com

Website- www.afsbkt.in

Registration No.- PS/18/CAC

Admission No.:/2026-27

ADMISSION FORM: 2026-27

1. Name of Student _____
2. Date of birth (in figure) _____
(In Words) _____
3. Age as on 01 April: _____
Years _____ Months _____ Days _____
4. Nationality _____ Mother Tongue _____
5. Disability (if any, attach certificate) _____
6. Name of Father (With rank if Def Cat): _____
Occupation: _____ Annual Income: _____ Edn Qualification _____
7. Mother's Name: _____
Occupation: _____ Annual Income: _____ Edn Qualification _____
8. Addresses:
(a) **Residential Address with contact No.** (b) **Office Address with contact No.**

<p>_____</p> <p>_____</p> <p>_____</p> <p>Tele: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Tele: _____</p>
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9. Class to which admission is sought: _____
10. Result of last examination (if applicable): _____
11. Whether transfer certificate attached: _____
12. TC No.- _____ date of Transfer Certificate _____
13. Account Holder (Name) _____ A/C Number _____
Bank (Name) _____ IFS Code _____ Branch _____

DECLARATION BY PARENTS

I here by declare that the above mentioned information in respect of my son/daughter furnished by me is correct.

Parents/legal guardian Signature

**AGE PROOF CERTIFICATE BY SERVICE AUTHORITIES
TO BE RENDERED BY RESPECTIVE UNIT**

It is certified that _____ (Full service particulars and section/unit) is a combatant member of Indian Air Force and is presently serving in _____ (unit/section). The date of birth of his child named _____ is _____ as per service documents.

(Quote the POR Authy with date): _____

Date: _____ Sign of Adjt/Asst Adjt

Unit Stamp

Note: Civilian will be have to produce a certificate from the appropriate authority as a proof of date of birth of their child, in case or his / her initial admission.

_____ after checking the relevant papers and realizing the dues.

Date: _____ Sign of Class Teacher

FOR OFFICE USE ONLY: AIR FORCE SCHOOL 38 WG, AF

It is confirmed that (wards name) _____ admitted in class _____ and have paid all dues vide fee receipt No. _____ dated _____.

Date: _____ Sign of Headmistress