ALPHA BCI MEMORIAL ACADEMY

ARISE, AWAKE, ATTAIN

Thangmeiband Hijam Dewan Leikai, Imphal West 795001

CBSE AFFILIATION No. 1230042

ADMISSION FORM

2 Passport size **Colour** Photographs with Name & Date of taking the photo

APPLIED FOR CLASS _____ REGULAR/COMPA/ IMPR _____ SESSION 2026-2027

SL.NO. ABCI/202627_____ (FILL IN WITH BLOCK LETTER ONLY)

1. CANDIDATE

2. MOTHER

3. FATHE R

4. PERMANENT HOME ADDRESS & PIN CODE

5. PHONE NO. _____ CELL NO _____

6. E-MAIL _____ BLOOD GROUP _____

7. NATIONALITY _____ SEX (M/F) _____ GEN/SC/ST/OBC _____

8. DATE OF BIRTH _____ IN WORDS _____

_____ AADHAAR CARD No. _____

9. DETAIL OF SUBJECTS TO BE OFFERED (C9 to C12) : Humanities/ Science/Commerce _____

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6. (OPTIONAL) _____

10. DETAILS OF PREVIOUS SCHOOL/ EXAM: _____

CLASS _____ ROLL NO. _____ YEAR _____ BOARD _____

11. DOCUMENT TO BE ENCLOSED: 12. SINGLE G.CHILD: _____

a Pass Certificate/Reading Certificate b Mark Sheet of the Previous Examination

c Aadhaar Card (XEROX) d Birth Certificate (XEROX)

e Transfer Certificate duly counter signed by DI/ZEO. State Education Dept. (ORIGINAL)

Parents/Guardians *Candidate* *Principal*

I, the candidate hereby declare that all the information stated above is true to my belief and I am solely responsible for its authenticity.

DATE & PLACE _____