



**UPAASANA HARI AASRO TRUST**  
INSTITUTE FOR MENTALLY HANDICAPPED CHILDREN  
ADIPUR ( KUTCH )  
**ADMISSION FORM**

1. FULL NAME & ADDRESS .....  
.....  
.....
2. CASTE .....
3. PLACE OF BIRTH .....
4. DATE OF BIRTH .....
5. ADMISSION IN WHICH GROUP .....
6. SCHOOL NAME, IF ATTENDED .....
7. G. R. NO. ....
8. DATE OF ADMISSION .....
9. ADDMISSION FEES

CLASS TEACHER

PRINCIPAL

SIG. OF PARRENTS

OFFICE SEAL