

ATOMIC ENERGY CENTRAL SCHOOL NO.3, RAWATBHATA

RE-ADMISSION FORM

Date: _____

Name : _____ Class _____ Secion _____ Roll No. _____

Reason for name to be struck off: _____

Period of absence / Leave: _____

Reason for absence: _____

I assure you that he / she will not remain absent without leave in future.

Signature: _____

Name of Parent: _____

CLASS TEACHERS RECOMMENDATION

No. of times name was struck off during the academic session _____

May be re-admitted / May not be re-admitted

Signature of Class Teacher _____

Name of Class Teacher _____

Readmit / do not readmit

HM/ Vice-Principal

Principal

Vide Receipt No.: _____

Date: _____

Amount of Rs. _____

Signature : _____

