Dise Code: 2302041021		29 OL
	ADMISSION FORM	
	Session	
Admission No)
Admission Date :		0
Admission Sought For Class:		
1. Name Of Student	:	
2. Father Name	•	
3. Mother Name	•	
4. Date Of Birth	:	
5. Date Of Birth In Word	:	
6. Student Religion	:	
7. Category	:	
8. Cast	•	
9. Gender	:	
10. Full Address	:	
11. Contact No		
12. Medium	:	
13. Student Adhaar Number		
14. Student SSSM ID	:	
15. Previous Class	:	
16. Previous School Name	:	

Principal Seal And Signature

A. Fee Details Title 1nd Installment	Amount	Paid Amount	Concession	Due Date	Status
2st Installment					
3rd Installment					
B. Documents (All Docum Birth Certificate Transfer Certificate (Previous Class Certifi Passport size photo o Passport size photo o Aadhar card copy of SSSM Id copy	Original copy) icate f student (4 copi f parents (1 Mot student	es)	dmission)		

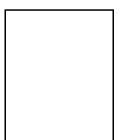
C. Declaration

I,.....have the authority to admit my child /ward into the school as the parent /legal guardian . I undertake the responsibility of providing any evidence needed to support the information provided here , if necessary for any reason .I declare that the statements provided in this application are are correct to my knowledge and if found otherwise , I shall abide by the decision of the management. I agree to abide by rules regulations and the fee structure of the school

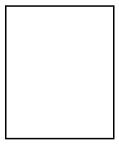
Date

Signature Of Parent/ Guardian

Student's photo



Father's photo



Mother's photo

Signature Of Students/Parents

Principal Seal And Signature