



SDV ENGLISH SCHOOL

(CBSE Pattern)

Sanjan Gandhi Nagar, Nati Imali, Varanasi-221002

Mobile No. :- 8957903300, 9919059465, 9336616671

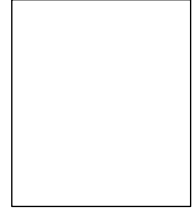
Web :- WWW.SDVENGLISHSCHOOL.IN

Mail :- SDVENGLISHSCHOOL.PRINCIPAL@GMAIL.COM

S.No.

ADMISSION FORM

Academic Session 20.... – 20....



Application for Admission In Class

Students's Name (in capital letter):-

Date of Birth:-Sex:-.....Male:-.....

DOB in Words:-

Adhar No.:-.....

Nationality:-.....Religion:-.....

Mother Name:-(in capital word):-.....

Qualification:-.....Occupation:-.....

Adhar No. :-.....Income:-.....

Father Name:-.....

Permanent Address:-.....

Local Address:-.....

Phone/Mobile no.:- (1).....(2).....

Category:- GEN-.....OBC-.....SC-.....ST-.....

Mother Tongue:-.....Annual Income:-.....

Local Guardian's Name:-.....Relation with the child:-.....

Address:-.....

Name of the last school attended:-.....

Last Previous Class:-.....Board:-.....

Result of the last examination:-.....Percentage:-.....

Whether the Transfer certificate is attached:- Yes No

Whether the Birth certificate is attached:- Yes No

Date:-.....

Signature of the Student's

DECLARATION BY THE PARENTS

I _____ hereby solemnly declare that all the entries are correct and true to the best of my knowledge. I shall abide by all the prescribed norms of the school. My ward will also strongly abide by all the rules and regulations to maintain the discipline of the institution.

Date:-.....

Signature of the Parent's/ Guardian

FOR OFFICE USE ONLY

His/Her Scholar's Register No. Is Fees Amount.....

Date:-.....

Clurk Signature

DECISION BY THE COMPETENT AUTHORITY

Please Admit in Class Section

Date:-.....

Principal Signature