II Aum Sri Sai Ram II

SRI SATHYA SAI JNANA VIKASH SCHOOL

Pankapal, Jagatsinghpur, Odisha–754140 Affiliated To C.B.S.E, New Delhi & COR & NOC by Govt. of Odisha Contact: 06722296818 & 8339050577

Contact: 06722296818 & 8339050577 APPLICATION FORM FOR ADMISSTION

1. Name of the Student	(In Block Letter)
2. Class to which admission is sought	
3. Sex Nationality	Religion Caste : Gen/SC/ST/OBC
4. Date of Birth (a) In word	BPL/APL
(b) In figures	Age as on 01.03.202
(Attach proo	f of date of birth)
5. Aadhaar No:	Blood Group
6. Identification Marks	
7. Physically challenged / Infirmity, if any	
8. (a) Mother Tongue (b) Sec	ond language in preference
9. Name of the Father	
(a) Qualification	(b) Profession
(c) Aadhaar No	(d) Annual Income
	(Attach Xerox copy from competent Authority)
10. Name of the Mother	
(a) Qualification	(b) Profession
(c) Aadhaar No	(d) Annual Income
11.Address with Pin Code & Contact No:	
(a) Permanent :	
At P.O	Via P.S
DistPin	Mobile No
E-mail	
(b) Present:	
At P.O	Via P.S
DistPin	Mobile No
12. Name of the school last attended with add	dress
13. Name of the class attended	
14. Percentage of marks secured in last Exam	n
Year of last Exam. Appeared	

15. No. & Date of Trans	sfer Ce	rtificate			• •
Unique Id :		•••••			
16. Transportation	: (i)	Own arrangement	(ii)	School Vehicle	
17. Accommodation	: (i)	Own arrangement	(ii)	Hostel	
18. Local Guardian if	any (M	ention Name & Addr	ress):		
19. Details of brothers Names & classes : .					••
(Please attach photo o	opies o	f Mark Sheet/Certif	cate etc. I	f any along with a self-address	
post card for intimation	on).				
		DECLRA'	<u>rion</u>		
The above facts furnis	hed in 1	the application are t	rue to the	best of my knowledge & belief.	
		Sig	gnature of	Parents / Guardian with date	
		UNDERTA	KING		
I, Sri/Smt				father/mother/guardian	n of
son/daughter/ward v	will ab	ide by the rules &	k regulati	ions of the school. Any sor	t of
disobedience/indiscip	line/inf	ringement or rules v	will invite	punitive action and removal of	the
child from the School	No fur	ther claim for the p	aid fees w	rill be claimed in such cases. I	will
pay/clear all the dues	regular	rly or before applying	g for any d	locument for quality education.	
			C	of Parents / Guardian with dat	
•••••	•••••	•••••	•••••	•••••	••••
Admission No	/ Yea	ar Monev	Receipts N	No Date	
	•	(For Office U			

Teacher In-charge Verified PRINCIPAL