

SIGMA MISSION (H.S.)

An Ideal Residential Institute (XI-XII Science)

(ONLY FOR GIRLS)

Sahabajpur, Kaliachak, Malda (W.B.) Pin - 732201

Contact : 9734796523 / 9614780385

Form No.

Paste Recent
Passport size
Photograph
of the
Candidate

APPLICATION FORM FOR ADMISSION - 202 202

[ALL COLUMNS ARE TO BE FILLED IN BLOCK LETTERS]

1. Full Name :

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2. Father's Name :

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Occupation Qualification Annual Income

Contact No.

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3. Mother's Name :

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Occupation Qualification Annual Income

4. Address : Vill.

P.O.

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P.S.

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Pin

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 Mobile

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5. Date of Birth : Day

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 Month

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 Year

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 6. Gender : Male

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 Female

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7. Nationality :

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 8. Religion :

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9. Caste : Gen

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 SC

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 ST

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 OBC - A

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 OBC - B

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10. Whether physically handicapped : Yes

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 No

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11. Guardian's Name :

12. Address :

13. Relationship with the student :

14. Name and address of the previous school :

15. Seeking admission for class

The information given above is TRUE to the best of my knowledge. I,
declare that I shall abide by the rules and instruction of the Institution.

Date :
Place Signature of the Guardian Signature of the Student

ATTACHED : 1. Photo Copy of Admit Card of M.P., 2. Photo Copy of Marksheet of M.P., 3. School Leaving Certificate (Original), 4. Colour Photo (5 copies), 6. Photo Copy of Aadhaar Card.

Mob.: 9734796523

FOR OFFICE USE ONLY

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Form No.

ADMIT CARD

Paste Recent
Passport size
Photograph
of the
Candidate

Name of the Student

Father's/Guardian's Name :

Class Date of Exam / / Time of the Exam

Centre of Examination : **Mission Campus**

Seal & Sign. of Head of the Institute