

SRIJAN PLAY WAY SCHOOL

OBRA, SONEBHADRA, PIN- 231219
ADMISSION FORM



PHOTO

*STUDENT'S NAME :- _____

*FATHER'S NAME :- _____

*MOTHER'S NAME :- _____

*DATE OF BIRTH :- _____ AGE :- _____

GENDER - MALE ☐ FEMALE ☐

*NATIONALITY - INDIAN ☐ NRI ☐

*ADHAAR NUMBER - SELF ☐ RELATIONAL ☐

BLOOD GROUP :- _____

FATHER'S OCCUPATION :- _____

MOTHER'S OCCUPATION :- _____

*LOCAL ADDRESS :- _____

*PERMANENT ADDRESS :- _____

PIN CODE :- _____

*CONTACT NUMBERS

*CN 1 :- _____

CN 2 :- _____

CN 3 :- _____

E-MAIL :- _____

PHYSICALLY CHALLENGED ☐ MENTALLY CHALLENGED ☐ NONE ☐

CURRENT DISEASE FACED BY KID ☐ NONE ☐

MAJOR HEALTH PROBLEMS ☐ NONE ☐

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I Mr. / Mrs. _____ declare that Mr. / Ms. _____ is my **Son / Daughter**. I agree on the terms and conditions of Srijan Play Way School, and asks school administration to accept this admission form.

Date:- _____

Signature:- _____

Left Hand Thumb Impression:- _____



NOTE:- FORM SHOULD BE IN BLOCK (CAPITAL) LETTERS.

‘*’ COLUMNS ARE MANDATORY TO FILL .

ABOVE INFORMATION TO BE FILLED ACCORDING TO ADHAR CARD.

ADHAAR CARD DOCUMENTS, BIRTH CERTIFICATE DOCUMENTS.

DOCUMENTS (XEROX) TO BE SELF ATTESTED AND SUBMITTED WITH THE FORM.

TWO EXTRA PHOTOGRAPHS TO BE GIVEN.

