

### SUNSHINE WORLD SCHOOL (MONTESSORI)

An English Medium School Based on CBSE Curriculum SCHOOL UDISE CODE - 1800116200





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ADMISSION NO	).:-				E	OATE O	F AD	MISS	ION:	-						
PARENTS PHOTO	$\int$	STUDENT PERSONAL INFORMATION  ADMITTED INTO CLASS								TUDEN PHOTO		$\overline{igg }$				
Student's Name:																
Father's Name:																
Mother's Name:																Ī
Date of Birth:						Gende	er: M	ALE/F	EMA	LE	Blood	l Group	o: [			
Nationality: INDI	AN/OTI	HERS R	eligion	HINDU	/MUSI	.IM/SII	(H/C	HRIST	ΓΙΑΝ	I Cate	egory:	GEN,	/OBC	/EBC/	SC/S	T
Address: Village -						F	ost C	Office -	-							
Police Station -						ι	Distri	ct -								
State -						F	in Co	de -								
Contact No.:				Î												
Aadhaar No.:																
Qualification: Fath	ner -			•	i	Mothe	r - [									
Occupation: Fathe	r- 🗀					Mothe	r - [									
Name of Local Gua	ardian (if	any):														
Relation with Stud	lent:	ļ.	51.5701.5		Contac	a.										
222 722				<u>ECLARA</u>				RENT	<u>rs</u>							
I Mr. / Mrs.																-
Father/ Mother/ C		-											5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	or and the second		
confirm that the a			-					o the	best	of my	/ knov	wledge	and	belief	. I ar	n
also ready to follo	_		es and	regulation	ons of	the sch		_								
Date:/	./							Laren	ıts S	ign.: .						



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Add- Ledahi, Mohanpur, Gaya - 824201 Contact No.- 9262502910, 8292106138



# **ADMISSION FORM**

#### FOR OFFICE USE ONLY

Fees collected vide <b>Receipt No.</b>			of Amount Rs.	dated on		
from the <b>Student</b>				with Admission No.		
Date of Admission:	/		Class Admitted into:	Section:		
Name & Sign of A	dmission S	In charge		 √ame & Sign. of Principal with Seal		



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## **ADMISSION FORM**

#### CERTIFICATION SLIP

This is to certify that Alr. /Alrs		
Son/Daughter of		has bee
admitted to Class Si	ection on date// with Adn	nission Po
Name & Sign of Admission In ch		
	DETAILS OF AMOUNT:	
Admission Fee:	Concession (if any):	
Annual Fee:	Amount Payable:	
Tuition Fee:	Amount Paid:	-
Transport Fee:	Dues:	
Tie & Belt Charge:	Receipt No.:	
Book Cost:	Date:	-
Total Amount:	Receiver's Sign.:	3