

Form No. **2281**

Srinath Public School

(A Unit of Sandhya Shambhu Educational Trust)

Affiliated to CBSE, New Delhi, Affiliation No : 3430390, School Code : 66595

Dindli, Adityapur, Seraikella-Kharsawan - 831013

Ph : 0657-2383114, 8986626046

Student's
Passport
Photograph

APPLICATION FORM FOR REGISTRATION / ADMISSION

Nursery to VIII

To,

The Principal

Sir/Madam,

I request that my son/daughter/ward be considered for admission to class in your school for the session, I shall follow the rules / regulations of the school framed from time to time.

For Office Use

Regn. No.	Date :
Adm. No.	Admitted in
Receipt No.	Date :
Session : 20.....-20.....	

PARTICULARS

- Name of Student (in BLOCK LETTERS) :
- Date of Birth : (in figures) : DD MM YY
: (in words)
: Age of the student as on 31st March : DD MM YY
- Student's Aadhar No. :
- Gender : M ☐ / F ☐
- Nationality :
- Category : Gen ☐ ST ☐ SC ☐ OBC ☐ (Submit relevant document in support)
- Residential Address :
Permanent :
- Correspondence :
- Name & Address of local guardian (if any) :
- Particulars of previous studies :
a) Name of the school : Board : SLC No.
b) Class last attended / is studying : c) Promoted to Class :
c) Name & Address of the previous school with Class :
- Disability (if any) :
- No & date of T.C. issued by previous school with status of result :
- Whether previous school was affiliated with CBSE : (Yes / No) :
- If, the previous school was not affiliated with CBSE, specify name of the Board :
- a) Result of previous examination : b) Percentage :
- Subjects proposed to offer : 1..... 2..... 3.....
4..... 5..... 6.....
- Whether school has the approval of the Board to offer thus subject.
- Whether the transfer certificate is attached : YES/No
- Home Town :
- Sibling Details (in Srinath Public School)
i) Name : Class : Roll No.
ii) Name : Class : Roll No.

ACKNOWLEDGEMENT

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Student's Name Reg. No. Class Date

Received an application for Registration / Admission.

Admission Fee Tuition Fee : Any other fee : Computer Fee :

Name has been entered in the Class Attendance Register : (✓) Yes ☐ No ☐

Registration No. of the student in Admission Withdrawal Register is Vol.

Documents submitted :

- | | |
|---|---|
| 1. Transfer Certificate O/C <input type="checkbox"/> | 2. Character Certificate O/C <input type="checkbox"/> |
| 3. Marks Sheet O/C <input type="checkbox"/> | 4. Birth Certificate <input type="checkbox"/> |
| 5. Medical Certificate (Blood Group) <input type="checkbox"/> | 5. Aadhar Card <input type="checkbox"/> |

Sign. of Receiving Authority



PARENTS DETAILS :

Photograph	Photograph	Photograph
Father	Mother	Guardian
Name :	Name :	Name :
Qualification :	Qualification :	Qualification :
Occupation :	Occupation :	Occupation :
Designation :	Designation :	Designation :
Annual Income :	Annual Income :	Annual Income :
Aadhar No.	Aadhar No.	Aadhar No.
Mobile No.	Mobile No.	Mobile No.
E-mail :	E-mail :	E-mail :
		Relationship with Student

DOCUMENTS ATTACHED :

Birth Certificate (Photocopy)	<input type="checkbox"/>	SLC / Transfer Certificate (Original Copy)	<input type="checkbox"/>
Mark Sheet (Photocopy)	<input type="checkbox"/>	Character Certificate (Original Copy)	<input type="checkbox"/>
SC/ST/OBC Certificate	<input type="checkbox"/>	Aadhar Card (Photocopy)	<input type="checkbox"/>
Medical Certificate (Blood Group)	<input type="checkbox"/>		

CERTIFICATION / DECLARATION

- I/we hereby certify that the above information provided by me/ us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard I/we also understand that the application/registration/short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we abide by the decision taken by the school authorities.
- I/we hereby declare that the particulars given in respect of my Son/Daughter/Ward are true to the best of my knowledge and shall not request the authorities for any alteration in date of birth / name/ surname etc. given above.
- My/our ward will attend the class regularly and as per CBSE norms he/she will fulfill the criteria of attendance i.e. 75% minimum.
- My/our ward will pass subjectly as well as aggregate in all the examinations held during the session. If not he will be liable of being retained in the same class.
- He or she, if found in any indisciplinary activity in the School his/her T.C. should be sent to my residence.
- I/we will pay the school fee on time every quarter.

Date: Full Signature of Father Full Signature of Mother Full Signature of Guardian

Clerk

Principal

- Note :
- That the student must maintain good conduct in the school.
 - That you have read all the terms & conditions prescribed by the school and agree to abide by it.
 - That the student should not be suffering from any chronic disease.

Signature of the Parent/Guardian

