ADMISSION FORM

B.S Senior Secondary School

Salempur Khadar, Teh. Chhachhrauli, Distt Yamunanagar Ph. 9466069119

Date:.....

Admission No.....

Please Affix Photo here

SRN No	Enro	ollment No Class Class
Full name of Student	•••••	Gender
Date of birth	F	Religion Caste
Student's Aadhar No		
Previous School name		SLC Serial No & Date
Father's name		Aadhar No
Father's Education	•••••	Occupation
Mother's Name	•••••	Aadhar No
Mother's Education		Occupation
Residential Address		Telephone No
Annual Income		
I certify that all the inf	formation provid	led here and the date of birth mentioned above is
correct.		
I solemnly declare tha	t I shall abide by	all the rules and regulations of the school.
		Full Signature of
		Parents/Gaurdian
	<u>FOR O</u>	FFICE USE ONLY
Date	Amount	Date of Test/Interview
Authorised Signatory.		
Admission Class	Section	Admission No