



SARASWATI SHISHU GYAN MANDIR HIGH SCHOOL
FORT VIEW COLONY, KOTESHWAR TIRAHA, GWALIOR
 MOBILE: 9827307956, GMAIL: SSGMHSCHOOL142515@GMAIL.COM

ADMISSION FORM

* FOR OFFICIAL USE ONLY

ADMISSION SESSION: _____ ADMISISON CLASS: _____ MEDIUM: _____ ADM ID: _____ REG. ID: _____

PERSONAL DETAILS

NAME: _____ DATE OF BIRTH: _____

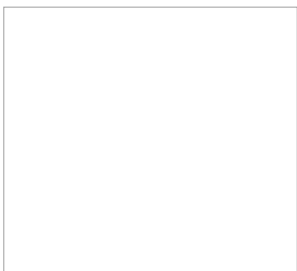
FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S EDUCATION: _____ FATHER'S OCCUPATION: _____

MOTHER'S EDUCATION: _____ MOTHER'S OCCUPATION: _____

GENDER: MALE / FEMALE BLOOD GROUP: _____

CATEGORY: GEN / OBC / SC / ST RELIGION: _____ CASTE: _____



ADMISSION DETAILS

CLASS: _____ MEDIUM: _____ STREAM: _____

RTE: _____ REGISTRATION NO: _____ VERIFICATION NO: _____

PREVIOUS SCHOOL DETAILS

CLASS: _____ SCHOOL NAME: _____ TC NUMBER: _____

CONTACT DETAILS

ADDRESS: _____

CITY: _____ STATE: _____ PINCODE: _____

MOB NO: _____ ALT. MOB NO: _____ EMAIL: _____

LIST OF ENCLOSED DOCUMENTS

- 1) DATE OF BIRTH CERTIFICATE : [] ORIGINAL / [] PHOTOCOPY
- 2) DOMICILE : [] ORIGINAL / [] PHOTOCOPY
- 3) CASTE CERTIFICATE : [] ORIGINAL / [] PHOTOCOPY
- 4) INCOME CERTIFICATE : [] ORIGINAL / [] PHOTOCOPY
- 5) AADHAAR : [] ORIGINAL / [] PHOTOCOPY
- 6) TC: : [] ORIGINAL / [] PHOTOCOPY
- 7) MARKSHEET : [] ORIGINAL / [] PHOTOCOPY
- 8) : [] ORIGINAL / [] PHOTOCOPY
- 9) : [] ORIGINAL / [] PHOTOCOPY

DECLARATION

I Father / Mother / Gardian of hereby declare that the information given above by me is true to my knowledge and belief and I am fully aware of the rules and regulation of the school. If anything is found to be incorrect or the rules and regulation are not followed, my ward is liable to be restriction from the institution.

DATE: _____ Parent's Signature

REMARK: _____

DATE: _____ Principal's Signature