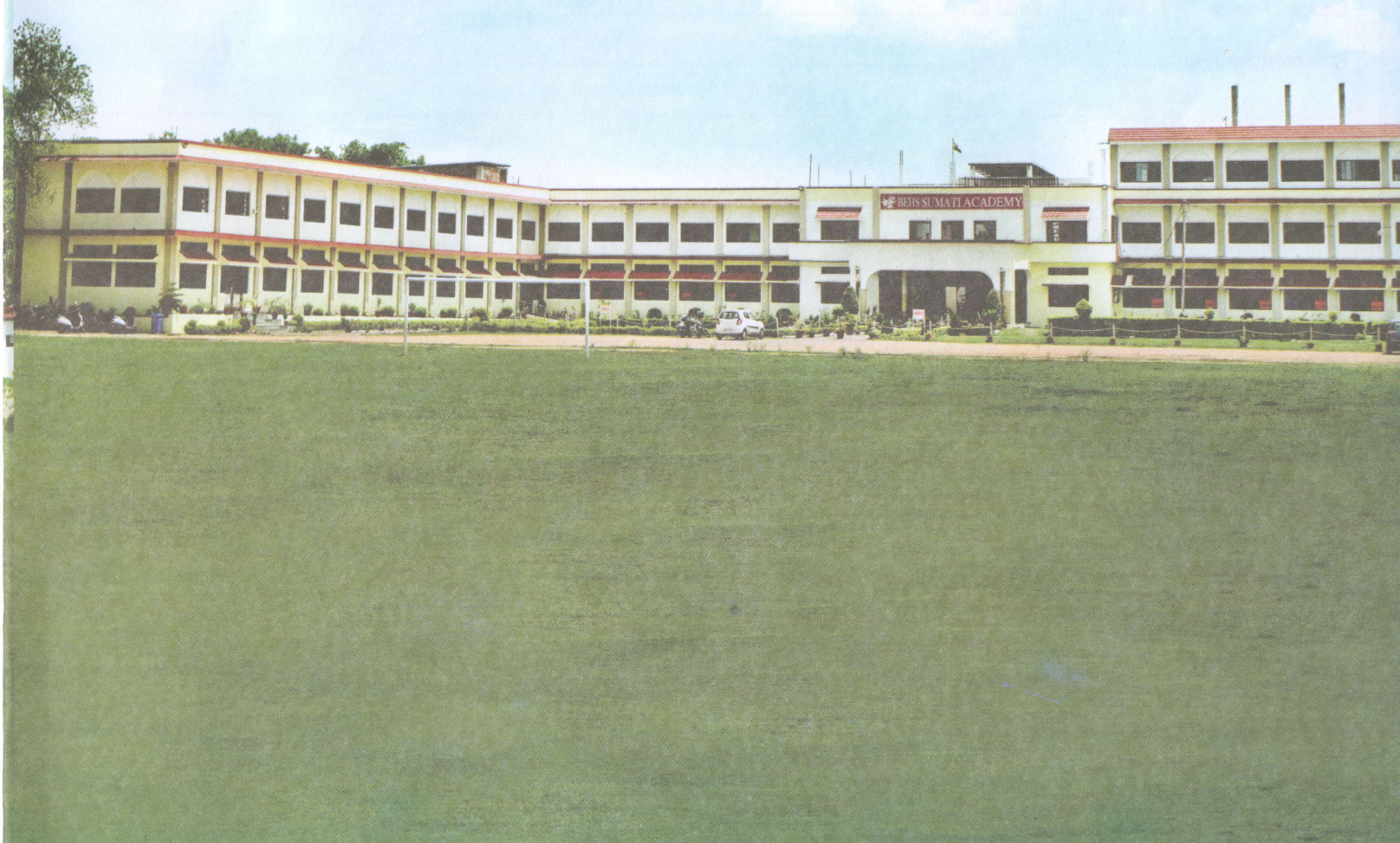


Admission Form

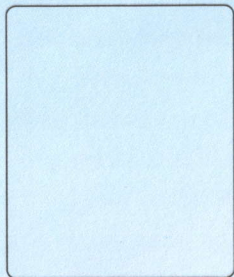
Session : 20..... 20.....



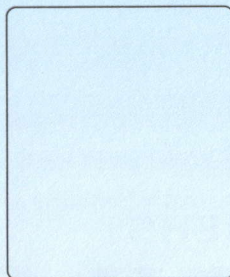
Name : Class : Admission No. :

APPLICATION FORM

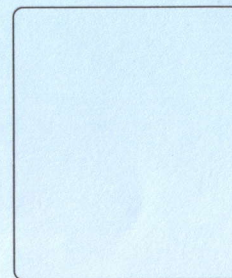
Important : Please answer all questions & write the information clearly in BOLD, using black or blue pen.



Please paste photograph
DO NOT STAPLE



Please paste photograph
DO NOT STAPLE



Signature of Mother

Signature of Father

STUDENT'S INFORMATION

Student Name :

Date of Birth: Age as on 1st April 20 Years : Months :

Mother's Name :

Father's Name :

Guardian's Name :

Gender : Female ☐ Male ☐ Email ID :

Permanent Address :

.....

City : Pin Code : Country :

Home Telephone (STD/ISD Code) : Mob.: Emergency Contact No. :

Mailing Address :

.....

* Category : General/OBC/SC/ST/others (if any) : Religion :

Eligible for Government Scholarship: Yes / No.:

EDUCATIONAL BACKGROUND

Name of previous & present school attended

City : State : Country : from to

Has the child ever been Expelled/Rusticated/Not promoted to next class by any school? Yes No.

If Yes, Please give details

Note: * It is mandatory to submit self- attested photocopies of legal certificates.

PARENT'S/GUARDIAN'S INFORMATION

Mother's Name : Education : Age :
Father's Name : Education : Age :
Guardian's Name : Education : Age :
Relationship with Child (in case of Guardian) Are parents living together? Yes No.

TRANSPORT

School Bus / Van facility required? Yes : No. :

PLEASE ATTACH FOLLOWING DOCUMENTS WITH THIS FORM

1. Attested copy of birth certificate.
2. For Class II & above, previous year's report card.
3. For Class II & above, Transfer Certificate (T.C.) to be produced at the time of admission. In case of Interstate/ Interboard students, the Transfer Certificate should be counter signed by the education officer.
4. Passport size photographs (5 of student's & 3 of each parents)
5. Aadhar Card copy & SSSM ID copy.
6. Bank Account detail of parent (Cancelled cheque or photo copy of passbook front page)

SIBLING INFORMATION

Siblings who are studying / have studied in BEHS SUMATI ACADEMY.

Name : Class : Year of Joining :

Student Name : Class :

- | | |
|------------------------|------------------------------------|
| 1. Bank Name : | 5. Student Aadhar Card No. : |
| 2. IFSC Code : | 6. Student SSSM ID No. : |
| 3. A/c. No. : | 7. Student Family ID No. : |
| 4. A/c. Holder : | |

HEALTH INFORMATION

Allergy/Chronic ailment : Physical handicap/disability :

Any other health problem :

DECLARATION/ UNDERTAKING

This form is intended to furnish information about the student & his/her family without obligation on either side.

I/We understand that :

- ◆ If we wish to proceed further all entries in the Application form must be completed.
- ◆ We promise to abide by all the rules & regulations and will accept the decision taken by the school from time to time.
- ◆ I/We certify that the information furnished in this form is true to the best of my/our knowledge, belief & if it is found to be false the decision taken by the school will be applicable on me/ us.

Date :

Place :

Signature of Parent/ Guardian

FOR OFFICE USE ONLY

Date of enquiry :

Scholar No. :

Remarks :

Principal
(Seal & Sign.)



NOWGONG ROAD, CHHATARPUR (M.P.)
88272 46000, 90095 46000