S.B.D. HIGHER SECONDARY SCHOOL

Choudhariyapur Road, Saraimeera, Kannauj-209725
Phone : 9793199227, 7007129620
Email : sbdpuschool@gmail.com

SR.NO. : .....

ADMISSION FORM

SESSION 20.....20.....

1. I/We are seeking admission in class .....
2. STUDENTS NAME : (In Block Letters)
3. GENDER : MALE (M) ☐ FEMALE (F) ☐ OTHER (O) ☐
4. CATEGORY GENERAL/SC/ST/OBC ☐ BELONGS TO MINORITY ☐
5. MOTHER'S NAME : (In Block Letters)
6. FATHER'S NAME : (In Block Letters)
7. GUARDIAN NAME : (In Block Letters)
8. LOCAL ADDRESS : .....
.....
9. PERMANENT ADDRESS : .....
.....
10. PERSON WITH DISABILITY (PWD) NO. ☐ YES ☐
11. MOBILE NO.: WHATSAPP NO. :
12. EMAIL ID : ..... AADHAR NUMBER :
13. DATE OF BIRTH (AS PER AADHAR) :
14. ONLY CHILD OF THE PARENTS : NO ☐ YES ☐
15. NAME OF THE SCHOOL LAST ATTENDED : .....
16. CLASS (PASSED) : ..... YEAR OF PASSING .....

..... SIGNATURE (PARENTS/GUARDIAN)

..... SIGNATURE (AUTH, PERSON OF THE SCHOOL)

OFFICE USE ONLY

SERIAL NO. OF SCHOOL REGISTER : DATE OF ADMISSION :

DOCUMENTS ATTACHED - T.C. ☐ BIRTH CERTIFICATE ☐ MARKSHEET ☐ AADHAR CARD ☐

..... ACCOUNTANT SIGNATURE

..... PRINCIPAL SIGNATURE