



SANGAM

SR. SEC. SCHOOL & SPORTS ACADEMY (TOSHAM)

PHOTO

ADMISSION FORM

1. Full Name of The Student : _____
2. Sex : Male Female
3. Category : SC ST BCA BCB GEN
4. Date of Birth (in figures) _____ (Attach Birth Certificate as per record of CMO or MC)
5. Father's Name : _____
Father's Occupation _____ Qualification _____ Ph. No. _____
6. Mother's Name : _____
Mother's Occupation _____ Qualification _____ Ph. No. _____
7. Permanent Address _____

8. Present Postal Address of the Parents/Guardians _____

9. School last attended _____
Whether the last school is affiliated/recognised or not _____
Name of the Board (if affiliated) _____
10. Class Passed _____
11. Class in which admission is sought _____
12. Any sibling studying in this school _____
(if yes, state name, class & section) _____
13. For class XI & XII only, state your faculty preference : Medical Non-Medical Commerce Arts
14. Nationality : _____ Religion _____

Sr. No.	Name & Location of school	Class (es) Studied	Period form to	Medium of instructions	School Recognized or not

14. Whether the candidate has any brother/sister studying in the school, is so her/his

Name	<input type="text"/>	Class	<input type="text"/>	Roll No	<input type="text"/>
Name	<input type="text"/>	Class	<input type="text"/>	Roll No	<input type="text"/>
Name	<input type="text"/>	Class	<input type="text"/>	Roll No	<input type="text"/>

15. State the games/ sports and or extra-curricular activities in which the child proficient.

<input type="text"/>

CERTIFICATE

- (a) I fully understand that acceptance of the Registration fee does not bind the school to admit my child but admission will be made strict on the basis of merit to be as certified by various tests given by the school.
- (b) I also promise to abide by the rules and regulations of the school as amended from time to time.
- (c) I solemnly declare and affirm that the Information given above is true to the best of my knowledge and belief and that nothing has been concealed there from. At any time if any Information is found false/Incomplete, the decision of the school authorities in this regard will be final and binding on me.

Dated:

Place:

Signature of Father/Guardian,
(Full Name)

FOR USE BY SCHOOL OFFICE

Test Held on :

Result :

Remarks by Principal :

Admitted / Not Admitted

Admission No.....

Roll No.....

Dues deposited vide cash receipt no.

Dated.....

Principal

Office Superintendent