



SHARDA MANDIR ENGLISH MEDIUM SCHOOL

Will Keep Your Dreams Alive ...
Govern by My Shannen Group

Form No 00922

Vinoba Bhav Marg, Machhipith Char Rasta, Salatwada, Vadodara-390003
Contact : 9727706778 Email : sharmandirengmedschool@rediffmail.com

Affix a recent
Passport Size
Colour Photograph
of the Student

Note : Use CAPITAL LETTERS only. Please do not leave and column blank.

Play Center Primary Secondary Higher Secondary

Applied For Grade :

STUDENT'S DATA

1. CHILD'S DETAILS :

Name Of The Child :

First Name :

Middle Name :

Last Name :

Date Of Birth :

DD

MM

YEAR

Place Of Birth :

Sex : Male Female

Complete Address For Correspondences (Don't Repeat Name), (use Capital Letters Only)

Nationality :

Mother Tongue :

Caste :

Religion :

2. FATHER'S DETAILS :

Father's Name :

Office Address :

Education :

Organization :

Occupation : Business Service

Designation :

E-mail :

Contact No. :

3. MOTHER'S DETAILS :

Mother's Name :

Office Address :

Education :

Organization :

Occupation : Business Service

Designation :

E-mail :

Contact No. :

: SIBLING DATA :

No. of Children : _____ (Son/s) : _____ (Daughter/s) : _____

Siblings (if any)	Age	School
1.		
2.		
3.		

Have you applied for admission of any other child in this school? YES / NO

If yes, name of the child 1. _____ Std. : _____ Medium : _____
2. _____ Std. : _____ Medium : _____

is your child suffering from any medical ailment? If yes, give details, _____

Physician's Sign with Stamp
(Certifying the general fitness of the child)

Conveyance arrangement : Own /Other _____
Distance from the school in k.m. _____.

Reason for choosing Sharda Mandir English Medium School

Your expectations from the school

Values you would like to inculcate in your child

I/We hereby certify that the information given in this form is true and correct. If my/our son/daughter is selected for admission, I / We here by agree and give consent to abide by the rules and regulations of the school.

Date : _____ Father's Sign : _____ Mother's Sign : _____

List of Document attached. Please Tick () ✓

- | | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| 1. Photocopy of Birth Certificate | <input type="checkbox"/> | 3. School Leaving Certificate (Original) | <input type="checkbox"/> |
| 2. Photocopy of Result | <input type="checkbox"/> | 4. Bonafide Certificate | <input type="checkbox"/> |

FOR OFFICE USE ONLY

ADMITTED

Class : _____ Section : _____ w.e.f. _____
Admission No. : _____ Receipt No. : _____

Administrator's Sign

Accountant

Principal