Application No:

**SRI SATHYA SAI VIDYAPEETH, SRISAILAM**

**(Senior Secondary School, Affiliated to CBSE New Delhi, Aff. No 930014)**

**NANDI BAZAR, KATALUR P.O, CALICUT DIST., KERALA – 673529**

**Tel: 0496-2691044, 2690388**

**Email:** [**principalsathyasai@gmail.com**](mailto:principalsathyasai@gmail.com)**,** [**ssvpsrisailam@rediffmail.com**](mailto:ssvpsrisailam@rediffmail.com)

Passport Size Photo

**Application for Admission Year 20…….20…………**

1. Name of the Applicant
2. Sex Boy Girl
3. Fathers Name

Permanent Address

Occupation

Office Address

Phone No Mob No

1. Mothers Name

Present Address

Occupation Office Address

Phone No Mob No

Secondary Examination 10th OR Equivalent

Sr. Secondary School Examination 10 +12 OR Equivalent

Graduation OR Equivalent

Post Graduation OR Professional Degree

xgdh

1. Educational Qualification
2. Father
3. Mother
4. Age & Date of Birth DD MM YYYY
5. Aadhar No / UID
6. Identification Marks
7. Blood Group
8. Category : Gen / OBC/ SC/ST
9. Nationality Religion Caste
10. Class to which admission is sought

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Schools Previously attended | Date of admission | Admission No. if any | Year | | Passed / Promoted |
| From | To |
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(Attach copy of progress report / mark list)

1. Height Weight
2. Sibling (real brother/sister only) Yes No

Sibling Name Class /Section

1. Route of School from students home:
2. Boarding Point :
3. Family Doctor if any:

With Phone Number:

1. Approximate Annual Income:

**DECLARATION FROM THE PARENT**

We here by certify that the above information provided by me/us is correct and I /We understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/ admission process without any correspondence in this regard. I/We understand that the application/ registration / short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

Signature of the Mother Name& Signature of father/Guardian Date:…………………………..

Place:…………………………

**For office Use Only**

1. Admission No. 2. Roll No

3. Class 4. Section

5. House

6. Vehicle No 7. Route

9. Details of payment of fee a) Rt.No b) Amount c) Date

10. Identity Card No.