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****,** **ssvpsrisailam@rediffmail.com**

**KG SECTION REGISTRATION FORM FOR THE ACADEMIC YEAR 20…….20……**

1. Name of the Applicant
2. Date of Birth DD MM YYYY
3. Aadhar No / UID
4. Fathers Name
5. Mothers Name
6. Residential Address

Photo

 Pin Code

 Contact No

 Mob No

1. Class to which admission is sought
2. Sibling (Real brother/ sister only) Yes No

 Sibling Name

 Class Section

1. Child with Special Needs

(Enclose authenticated documents)

1. Educational Qualification Yes No

 (Tick higest qualification only)

|  |  |  |  |
| --- | --- | --- | --- |
| Post GraduationOrProfessional Degree | Graduation  OREquivalent | Sr. Secondary School Examination10 +2 OR Equivalent | Secondary Examination 10OR Equivalent |
|  |  |  |  |
|  |  |  |  |

1. Gender Boy Girl
2. Blood Group Height Weight
3. Category : Gen/ OBC/SC/ST
4. Nationality
5. Religion Caste
6. Family doctor, if any with Phone number
7. Bus route and boarding point
8. Parents Occupation Occupation

 Father Designation

 Organization

 Name

 Organization Add

Mother Occupation

 Designation

 Organization

 Name

 Organization Add

1. Single Parent Father Mother

(Tick one only if applicable)

**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. Subject

7. Vehicle No 8. Route

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

10. Identity Card No.

 **Principal**

****