SANSKAR ACADEMY

Jolpa Road,Sangod Dist.Kota (Raj.) Mob. : 8005947064
E-mail: Sanskaracademy11@gmail.com

-: Admission Form :-

Reg. No. _____Date_____Admission No._____Date _____

1. Name of Candidate:
   Mr./Miss (in Block)
   DOB__/____/_____. Male Female
   Address_____

PASSPORT SIZE PHOTOGRAPH

2. Father's Name: Mr._____Qualification _____
   If in service mention Department_____Designation_____
3. Mother's Name: Mrs._____Qualification _____
   Occupation with Address_____
4. Permanent Address of parent/Guardian _____
   Telephone No. (with STD code):(Mob.)_____(Mob.)_____
5. Date of Birth as per T.C. (in Figures) _____(in words)_____
6. Name of Last School Attended _____
   Original T.C. & Photocopy of Mark sheet (Attached) _____
7. Admission Seeking to class _____
8. Whether belong to SC/ST/OBC(Yes/No) _____
9. Choice of activities/Sports/Games/Other 1._____2 .....3._____
10. Conveyance Yes/No._____.

-: UNDERTAKING BY THE PARENT GAURDIAN :-

I undertake that my son / daughter / ward will abide by the rules & regulations of the school, He / She Will attend the classes regularly and will not participate in my activities of indiscipline Or insubordination.

No Fee Will be Refunded if Admitted Once.

Signature of student Signature of Parent/Guardian

For Office Use Only

Master/Miss _____*is admitted to class*_____*Sec*_____
*Receipt No.*_____*Date*_____*Rs*_____
*Checked By*_____*Date of Admission* _____ *Signature of Principal*_____