



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 _____