



SHANTI NIKETAN SHIKSHAN SANSTHAN

Menha, Post - Khadipur, Via - Panchgachhia, P.S. - Bihra, Saharsa, BIHAR - 852124

APPLICATION FOR REGISTRATION / ADMISSION

APPLICANT'S INFORMATION										
First Name					Middle Name				Family Name	
Date of Birth	Date		Month		Year		Place of Birth			
Apply For	Applying for Which Class				Medium of Instruction		English / Hindi / Urdu etc.			
Present School (Please specify present class)	Present Class, School Name, Address & Telephone							Affix your recent photograph		
Interests of the applicant: eg. Academic strength, specify subjects, Art, Music, Sport (Please specify standard & interest)										
Category	Gen / OBC / SC / ST				Nationality					
FAMILY INFORMATION										
Father	Name					Educational Qualifications				
Profession					Annual Income					
Father's contact number & email id	Mobile				Email					
Mother	Name					Educational Qualifications				
Profession					Annual Income					
Mother's contact number & email id	Mobile				Email					
Address for Correspondence										
Telephone (R) with Area Code	Phone				Fax					
If staff child, please mention the name of the staff member										
UNDERSTANDING										
I understand and agree that the registration of my son/ward does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.										
Signature							Date :			
Name										
Relationship to ward										
Local Guardians (if any)	Please mention full name with address & contact									

APPLICANT'S INFORMATION							
Blood group		Religion		Identification Marks :			
Height		Weight					
If school transport is required							
Allergies to medicine and food. (if any)							
History of major illness. (if any)							
For Parents / Guardians (Please read before act)							
INSTRUCTIONS							
<p>01. Passport size photographs of the child and the parents duly affixed and submitted. (5 no. of photo)</p> <p>02. A photocopy of the Birth Certificate issued by the Village or Municipal Corporation / Civic Authorities / head of a registered nursing home / medical practitioner who delivered the child (with his/her medical council registration number. (No affidavits are acceptable)</p> <p>03. A photocopy of the latest progress report card.</p> <p>04. The transport facilities will be provided by the school only on approved bus routes. It will be the responsibility of the parents to drop/collect the child/children from the specified bus stops.</p>							
UNDERSTANDING							
<p>I hereby certify that the information is correct to the best of my knowledge and belief.</p> <p>In the event of any injury or harm or loss of life during the course of the stay of my ward in the school, I shall not hold the school or authorities responsibility for the same. Also, I understand that 3 months' notice needs to be given to the school in case I wish to withdraw my child and have to pay the total amount of tuition fee for the current session.</p>							
Signature				Date :			
Full Name							
Relationship to ward							
FOR OFFICE USE ONLY							
Application Received On				Received Documents (Please tick if received)		Total No. of photo given.	
Registration Receipt Number		Admission Receipt Number		Passport Size Photo		Applicant's	
				Birth Certificate		Mother's	
Registration Number		Admission Number		Caste Certificate		Father's	
				T.C.		Others	
Registration Date		Admission Date		S.L.C.			
Assign Class		Assign Section		Assign Roll No.			
Remarks:							