Panisheola Indira Smriti Vidyapith

No.PISV/26-27/

(Senior Secondary)

Affiliated by the Central Board of Secondary Education

ESTABLISHED-1985 School No.- 15687

AFFLN. NO.-2430022/94

Tel:(03212)242-639 Mob.: 9434042104

(03212)242-644 www.pisv.in 7501235847

Affix here recent passport size Photograph

Do not staple

APPLICATION FORM FOR ADMISSION

1A. Name of the Student (In Block Letters): ....

B. Candidate's Aadhar No.: ☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth: D D M M Y Y Y Y

C. Mobile No.(Aadhar linked):.....Email ID ..... Blood Group ☐

D. Caste:.....GEN☐ SC☐ ST☐ OBC-A☐ OBC-B☐ MINORITIES☐ (Attach Certificate issued in favour of candidate only)

E. Only Child: Y N Gender: M F Whether Differently Abled : (PWD) YES ☐ (Certificate to been close) NO☐

2A. Mother's Name (In Block Letters):.....Annual Income:.....

B. Occupation:.....Mobile No.:.....

3.A Father's Name (In Block Letters):.....Annual Income:.....

B. Occupation:.....Mobile No.:.....Email ID.....

C. Address:.....

.....Dist:.....PIN:..... Locality : RURAL ☐ URBAN ☐

4. Enclosure: 1.Birth Certificate ☐ 2.Aadhaar card ☐ 3.Caste ☐ 4.Transfer certificate ☐ 5.Pass certificate ☐

Guardian's Declaration:

I/we solemnly declare that the particular about

Master/Miss……

……..

Are true and correct

……

Signature of the Father/Mother/Guardian

Date……

In Case of first admission:

I believe that the particulars given by

……..

……

……

Signature of a respectable person known to Principal

Date……

Declaration- we Declare that our candidate will avail school Bus facilities where provided by the school authorities. We also declare that we & our candidate will abide by all rules & regulations of this school. We must be paid school fees & Bus fare within 10th day of every month as per norms laid down by the school authorities.

……..

Candidate's Signature

……

Father/Mother/Guardian's Signature

.....

Office Copy

Admission Form No……Date……..Form Amount……..

Signature with Seal For Office Staff……