**CAYM Education Trust’s**

**SIDDHANT INTERNATIONAL SCHOOL**

**Chakan – Talegaon Rd, Sudumbare, Tal. Maval, Pune 412109 Mob: 9923827999**

 **Website: http//www.siddhantischool.edu.in Email:prinsiddhantintschool@rediffmail.com**

**UDISE CODE – 27250916703**

**Affiliation No. 1130988 School code: 30925**

**ADMISSION FORM**

(Academic Year: )

|  |
| --- |
|  **Please affix****the latest****Colour Photograph****Here** |

 **ALL INFORMATION SHOULD BE FILLED IN CAPITAL LETTERS ONLY**

………………………………………………………………………………….. hereby apply to seek

Admission for my ward in the following class

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursery** | **Jr. KG** | **Sr. KG** | **I** | **II** | **III** | **IV** | **V** | **VI** | **VII** | **VIII** | **IX** | **X** | **XI** | **XII** |

 **(Please tick  appropriate box)**

**STUDENT’S INFORMATION**

**01. Name**

 **Surname First Name Middle Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  **03.Nationality** |  |  |

**02. Date of Birth**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  **05.Gender**  | **Male**  |  | **Female** |  |  |

**04. Place of Birth**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  **06.Catageory** |  |  |  |  |  |  |

**06. Religion**

 **(SC/ST/DT/VJ/NT1/NT2/NT3/OBC/SBC/OPEN)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **08. Caste** |  |  |

**07. Aadhar NO.**

**PARENT’S INFORMATION**

**01. Father’s Name**

 **Surname First Name Middle Name**

**02. Qualification**

**03. Occupation**

**04. Annual Income**

**05. Mother’s Name**

 **Surname First Name Middle Name**

**06. Qualification**

**07. Occupation**

**08. Annual Income**

**COMMUNICATION DETAILS**

**Permanent Address**

**Current Address**

**Nearest Land Mark Pin Code**

**Mobile no. 1. 2.**

**E-mail ID**

**MEDICAL HISTROY**

**Any Specific Allergy**

**Any Specific Major sickness/operation in past**

**Blood Group**

**SCHOOL HISTROY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the School Last Attended** | **CClass Completed During Year** | **Medium of Instruction** | **% of Marks** |
|  |  |  |  |
|  |  |  |  |

**NAME OF BROTHERS AND /OR SISTERS OF THE STUDENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Std.** | **Name of the School** |
|  |  |  |  |  |
|  |  |  |  |  |

**Mother tongue of Student Whether English is spoken at home**

**Yes / No**

**TRANSPORT FACILITY**

 **Yes/No**

**Whether School Bus required**

**DOCUMENT SUBMITTED (Please tick apropriate box)**

 **Photocopy Original**

* **Birth Certificate**
* **Caste Certificate**
* **Transfer / School Leaving Certificate**
* **Progress / Report Card**
* **Adhar Card & Udise Code (Previous school)**
* **Passport Size Colour Photographs (6 Nos.)**

**UNDERTAKING FROM PARENT’S**

**mMs./Mrs./Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hereby, undertake and state as follows:**

**That, the information given by me in this application form for admission is true to the best of my knowledge and belief I agree to comply with all the rules, regulations, instructions, terms and conditions of the school. If admission is granted to my ward. I shall not hold the school responsible nor claim any compensation for any injury, accident in school or during school treks/field trips etc. I shall always pay the deposit, tuition fees and other fees in time as prescribed by the school management from time to time. I shall always respect the school’s philosophy and concept.**

 **Place \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

 **Admitted Not admitted**

**Details of fees / Deposit Paid**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal/Head Mistress**