



SHARDA VIDYA PEETH



AFFILIATED TO MP BOARD

Ward No.6, Behind Nagar Parishad Mehgaon, Bhind (M.P.) 477557

Be different make the difference

ADMISSION FORM

Respected Sir,

Kindly register the name of my Son/Daughter for admission in your school and oblige.

Paste your picture

1 ADMISSION DETAILS:

Admission Type:	Regular <input type="checkbox"/>	Private <input type="checkbox"/>				
SCHOLAR No.	Admission Date				Admission Class	
<input type="text"/>	D	D	M	M	2 0 Y Y	<input type="text"/>
Admission Session	2 0 Y Y	-	2 0 Y Y	Admission Medium:	EM <input type="checkbox"/>	HM <input type="checkbox"/>
Admission Stream:	Science <input type="checkbox"/>	Art <input type="checkbox"/>	Agri. <input type="checkbox"/>	Com. <input type="checkbox"/>	H.Sc <input type="checkbox"/>	

Paste your picture

Signature ↓

2 PERSONAL DETAILS:

Name of Student (In Block Letters)	<input type="text"/>																				
Father's Name (In block letters)	<input type="text"/>																				
Father's Education	<input type="text"/>										Occupation	<input type="text"/>									
Mother's Name (In block letters)	<input type="text"/>																				
Mother's Education	<input type="text"/>										Occupation	<input type="text"/>									
Date of Birth (In figures)	<input type="text"/>										(In words↓)	<input type="text"/>									
D	D	M	M	Y	Y	Y	Y														
Category:	Gen <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	Caste:	<input type="text"/>															
Religion:	Hindu <input type="checkbox"/>	Jain <input type="checkbox"/>	Islam <input type="checkbox"/>	Sikh <input type="checkbox"/>	Buddh <input type="checkbox"/>	Christian <input type="checkbox"/>															
Nationality:	Indian <input type="checkbox"/>	Blood Group	A <input type="checkbox"/>	B <input type="checkbox"/>	AB <input type="checkbox"/>	O <input type="checkbox"/>															
Domicile:	M.P. <input type="checkbox"/>	Other <input type="checkbox"/>	If other, then mention <input type="text"/>																		
Physical Disability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, then type <input type="text"/>																		
Siblings:	Brother (s) <input type="text"/>					Sister (s) <input type="text"/>															

3 CONTACT DETAILS:

Permanent Address:																						
City	<input type="text"/>										State	<input type="text"/>					Pin	<input type="text"/>				
Local Address:																						
City	<input type="text"/>										State	<input type="text"/>					Pin	<input type="text"/>				
Mob :	<input type="text"/>										Alt Mob	<input type="text"/>										
Email:																						
Distance from The School to resident (in KM)										K	<input type="text"/>					Meter	<input type="text"/>					

4 PREVIOUS SCHOOL DETAILS:

Previous Class:	<input type="text"/>										T.C. Number and date:	<input type="text"/>																				
Previous School	<input type="text"/>																															
Enrolment No.	<input type="text"/>										/	<input type="text"/>										/	<input type="text"/>									

5 IDENTITY

Family ID	<input type="text"/>										Samagra ID	<input type="text"/>																				
Adhar Card Number:	<input type="text"/>										/	<input type="text"/>										/	<input type="text"/>									

P.T.O.

