

Sl. No.....

ADM No.....

SAI RNS ACADEMY

C.B.S.E AFFILIATED Sr. SECONDARY SCHOOL (AFFILIATION NO-230051)

Adarshapur Path, 1/B Kahilipara, Guwahati-19

Cont No-(0361)238-8823/0520/2030.Fax-(0361)2388479

ADMISSION FORM

(For Nur, LKG, UKG & Class I to IX only)

(TO BE FILLED UP BY THE PARENTS/ GUARDAINS)

Paste Recent
Passport Size
Photograph

1. Name of the Pupil in full (in block letter) :
2. Father's Name & Occupation :
3. Mother's Name & occupation :
4. Wheather the wards is only child : (Yes / No)
5. Annual Income of Parents :
6. Date of Birth of the pupil :
- (In figures & words) (Attach Xerox copy of birth certificate).
- a) Religion :
- b) Nationality :
7. State if Scheduled Cast/ Scheduled Tribe/ O.B.C/ MOBC :
8. Class in which Education is Sought :
9. Has the pupil studied in any school :
- (Enclose the Transfer Certificate)
10. Present Address & Contact No. :
11. Telephone No. :
12. Identification marks :
- a) Mother Tongue :
13. Why do you want to give admission of your child in SAI RNS ACADEMY (For Parents) :
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Signature of the Applicant

Full Signature of Parents / Guardian

DECLARATION OF THE PARENT / GUARDIAN

I hereby certify that the information given above in respect of my child is true and I shall be responsible for any wrong information therein. I will abide by the rules and regulation of the school.

Date

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Test Report : English
Maths
Hindi

Signature
(Dealing Asstt.)

REMARKS OF THE PRINCIPAL

The ward may be admitted in class.....

Signature
(Principal)

ADMITTED AND RECORDED