



Saraswati Vidya Niketan, Ambala

Affiliated to Central Board of Secondary Education, Delhi

Unit - 1 : Near SBI, Mahesh Nagar Road, Babyal, Ambala Cantt - 133 005
Unit - 2 : Rolon-Munrehri Road, Khelan Mod, Village Chandpura, Ambala Cantt
Contact : - 8708736968, 9050356298, 9416203007

Photograph of
the student.

S.No. School Code: 41315 Affiliation No. 531336

ADMISSION FORM

Class in which admission is sought for: Session.....

1. (a) Full name of the Child (in capital letters):

(b) Aadhar Card No. :

(c) Sex: Male Female

2. Date of Birth : Day Month Year

In words

Age of the student as on 31st March: Year Month Day

3. Blood Group of the child.....

4. Do you belong to Gen./SC/ST/OBC/EWS/Disabled/S.G. Child. Attach certificate if applicable.

Gen. Cat. SC ST OBC EWS Disabled SG Child

5. Details of parents:

Details of Mother/Father	Mother	Father
i) Name (in capital letters)		
ii) Nationality Occupation		
iii) Name of the office & full address with Telephone No.		
iv) Full residential address with telephone no.		
v) Permanent Address		
vi) Annual Income		

6. Name & Address of local guardian (if any):.....

7. Name & Address of the previous School with Class:

8. No. & date of T.C. issued by previous school

9. Whether previous school was affiliated with CBSE: (Yes/ No)

10. If, the previous school was not affiliated with CBSE, specify name of the Board.....
11. (a) Result of previous examination:..... (b) Percentage.....
12. Subjects proposed to offer: 1..... 2..... 3.....
4..... 5..... 6.....
13. Whether the transfer certificate is attached: YES/NO:
14. Brother / Sister already studying in the school NAME _____ CLASS _____

DECLARATION BY THE PARENTS

I hereby declare that the date of birth in respect of my son/daughter named _____ furnished by me is correct and that I would not demand any change in it later on. I agree to abide by all the rules and regulations of the school and the decision of the school authorities. I solemnly declare that the particulars given above are correct to the best of my knowledge and belief.

INDEMNITY BOND

I fully understand that the management and staff of Saraswati Vidya Niketan, Ambala Cantt will be taking full precautions that my ward does not get injured during school hours in the school premises. However, I am voluntarily putting it in record that I shall not be entitled to any compensation of any kind in case of any injury to my ward during school activities. I also fully understand that the school is providing transportation facility to my ward on my request and I am not entitled to any compensation whatsoever in case if my ward gets hurt in any accident in which the school vehicle is involved.

Date:.....

Signature of parents

FOR THE OFFICE USE ONLY

1. I Certify that I have checked the application form and the relevant papers are found in order.
- Admission In-charge
2. Please admit to Class Section..... after checking the relevant papers and realize the dues.

Date:.....

PRINCIPAL

Admitted to Class..... Section..... Fee Receipt No.....

Dated..... issued.

Details of amount received:

Total	-	
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Name has been entered in the Class Attendance Register (✓) Yes No

Certified that all the entries have been made in the Scholar's Register and the dues have been received.

Registration No. of the student in Admission Withdrawal Register is Vol.....

Date:.....

Office Suptd. / Clerk

Admission considered by the school is in accordance with the provisions of the Board & approved.

Date:.....

Sign. of Principal/Official Seal