



# SAGDOLIA KANIRAM MEMORIAL SCHOOL

1014, Dhola Bhata Road, Raila NH79, Dist Bhilwara 311024

Mobile: +91-9413155466, Email: info@skmschool.in

## Application For Admission

Form No : .....

Date : .....

Application No : .....

Photo

### STUDENT'S PROFILE:

Name of the Pupil : \_\_\_\_\_

Admission Sought for Class : \_\_\_\_\_ Academic Year : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Aadhar Number : \_\_\_\_\_

Place of Birth : \_\_\_\_\_ State : \_\_\_\_\_

Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Gender : \_\_\_\_\_ Caste : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code : \_\_\_\_\_

Mother Tongue : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Identification Marks: (1) \_\_\_\_\_

\_\_\_\_\_

### PREVIOUS ACADEMIC RECORD :

Name of the Previous School and Location	Class	Year of Study	Percentage /Grade

## APPRAISAL OF YOUR CHILD:

Please mention the achievements, if any, of your child in academics /extra /co-curricular activities:

General Behavior : Mild  Normal  Hyperactive

Please mention, in brief, if there is any history of previous illness, allergy or physical / psychological illness :

Second Language in previous class : \_\_\_\_\_ Third Language in previous class : \_\_\_\_\_

Second Language : \_\_\_\_\_ Third Language : \_\_\_\_\_

## PARENT'S / GUARDIAN'S PROFILE:

Father
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Mother
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Guardian
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Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Particulars	Mother	Father	Guardian
Name			
Qualification			
Occupation			
Organization			
Designation			
Mobile Number			
Aadhar Number			
Email			
Annual Income(Rs)			
Office Contact number with extrn. (if any)			

**ENCLOSURES:**

- Birth Certificate.
- Transfer Certificate.
- Passport size photograph of the child ( 3 copies ).
- Passport size photograph of Parents
- Aadhar Card copy of the student.
- Aadhar Card copy of the Parents.
- Copy of Progress Report of the last class attended.
- Category Certificate.
- Transportation Form ( If required )

I certify that, to the best of my knowledge, the information given on this application is true complete and correct. I understand that providing false information will be grounds for dismissal of a student from the school. I agree to abide by the rules, regulations and fee structure of the school.

Signature of the Parent/Guardian

Date .....

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**FOR OFFICE USE ONLY**

Miss/Master.....S/o,D/o.....is given / regretted  
admission in Class.....Section.....

**OFFICE INCHARGE**

**PRINCIPAL**