PanisheolaIndiraSmritiVidyapith

No.PISV/24-25/

(Senior Secondary)

*Affiliatedbythe*CentralBoardofSecondary Education

ESTABLISHED-1985 School No. - 15687

AFFLN. NO.-2430022/94,

Tel:(03212)242-639 ✦ Mob.:9434042104

(03212)242-644 www.pisv.in 9051532497

Affix here recent passport size Photograph

Donotstaple

APPLICATIONFORMFORADMISSION

1A. NameoftheStudent(InBlockLetters):.....

B. Candidate'sAadhaarNo.:☐☐☐☐☐☐☐☐☐☐☐☐ DateofBirth: D D M M Y Y Y Y ☐☐☐☐☐☐☐☐

C. MobileNo.(Aadhaarlinked):.....EmailID.....BloodGroup☐

D. Caste:.....GEN☐SC☐ST☐OBC☐ MINORITIES☐(AttachCertificateissuedinfavourofcandidateonly)

E. OnlyChild: Y ☐ N ☐ Gender: M ☐ F ☐ WhetherDifferentlyAbled:(PWD)YES ☐ (Certificatetobeenclose)NO ☐

2A. Mother'sName(InBlockLetters):.....AnnualIncome:.....

B. Occupation:.....MobileNo.:.....

3.A. Father'sName(InBlockLetters):.....AnnualIncome:.....

B. Occupation:.....MobileNo.:.....EmailID.....

C. Addresss:.....

.....Dist:.....PIN:..... Locality:RURAL☐ URBAN☐

4. Enclosure:1.BirthCertificate☐2.Aadhaarcard☐3.Caste4.Transfercertificate☐5Passcertificate☐

Guardian'sDeclaration:
I/we solemnlydeclarethattheparticularsabout

Master/Miss……
……..
aretrueandcorrect

……
Signature of the Father/Mother/Guardian

Date……

InCaseoffirstadmission:
Ibelievethattheparticularsgivenby

……..
……

……
SignatureofarespectablepersonknowntoPrincipal

Date……

Declaration- we Declare that our candidate will avail school Bus facilities where provided by the school authorities. We also declare that we & our candidate will abide by all rules & regulations of this school. We must be paid school fees & Bus farewithin10th day of every month as per norms laid down by the school authorities.

……..
Candidate'sSignature

……
Father/Mother/Guardian'sSignature

.....

OfficeCopy

AdmissionFormNo……Date……..FormAmount……..

SignaturewithSealForOfficeStaff……