



# Saraswati Sishu Vidya Mandir

Dihapadhala, Bhanjanagar (Gm.) Pin: 761127  
(Affiliated to Shiksha Vikash Samiti, Odisha & Recognised by  
Board of Secondary Education, Odisha)  
Phone No.: 06821-241652, E-mail: [ssymbhanjanagar@yahoo.com](mailto:ssymbhanjanagar@yahoo.com)

Affix one  
stamp Size  
Colour  
Photograph

Admn.No.:

Year:

Form No.

## APPLICATION FORM

(Fill all columns in legible Capital Letters)

1. Class in which admission is sought   
2. Full Name :

3. Date of Birth according to Transfer Certificate/ Birth Certificate  
In Figure : 

Day			Month			Year				
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In Words : .....

4. Nationality :  5. Religion:

6. Category : 

SC		ST		OBC		GEN	
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 (Mark √ in the appropriate box)

7. Languages Known:

Sl.No	Language	Read	Write	Speak	Mother Tongue

8. Mothers Name :

9. Fathers Name :

10. Local Guardian/  
Guardian's Name

11. Occupation of the Father/Guardian  Annual Income:

### 12. Permanent Address

Father's Name :

At :  P.o.

P.S. :  Dist.

Pin. :  Ph.No.

E-mail :  Mob.No

### 13. Present Address

Father's Name :

At :  P.o.

P.S. :  Dist.

Pin. :  Ph.No.

E-mail :  Mob.No

14. Aadhaar No. of Student :

Mother's Aadhaar No. :

Father's Aadhaar No. :

15. Name and Address of Local Guardian at Bhanjanagar City

Guardian's Name:	<input type="text"/>		
At :	<input type="text"/>	P.o.	<input type="text"/>
P.S. :	<input type="text"/>	Dist.	<input type="text"/>
Pin. :	<input type="text"/>	Ph.No.	<input type="text"/>
E-mail :	<input type="text"/>	Mob.No	<input type="text"/>

16. General Health :

Hight	<input type="text"/>	Weight	<input type="text"/>	Eye sight	<input type="text"/>
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History of past Major Illness

Any Chronic disease suffering at Present:

Signature of the Students Signature of the Father/ Guardian

Date Date

**DECLARATION BY THE FATHER/GUARDIAN**

I Sri..... aged .....  
 father/ guardian of Sri.....aged ..... do  
 hereby declare that my son/ward will abide by rules of the school time to time framed by the authorities of  
 the school for the purpose of continuance in the school. Incase of any breach and dispute the decision of the  
 authorities will be final and binding on my son/ward and me without any protest.

Date: Signature of the Father/ Guardian

Place: Signature of the Father/ Guardian

**FOR OFFICE USE ONLY**

Certified that I have verified the entries and found it correct and in order. The candidate is  
 allowed/ not allowed admission to the \_\_\_\_\_ class on payment of fees for the purpose.

**FEE DETAILS**

i)	Prabesika Deya	Rs.....
	New Students	
ii)	Admission Fees	Rs.....
iii)	Sishu Vikash Panthi	Rs.....
	(April / May)	
iv)	Anudan	Rs.....
	Total	Rs.

Written Test:- Oral Test:- Observation :-

Karyalaya PramuKha Pradhan Acharya

**Enclosure Documents**

- 1 Birth Certificate(Xerox copy)
- 2 Caste Certificate (SC/ST/OBC)(Xerox copy)
- 3 Bank A/c Pass Book (Xerox copy)
- 4 Income Certificate (Xerox copy)
- 5 BPL Card(Xerox copy)
- 6 Student's Aadhaar, Father's Aadhaar & Mother's Aathaar (Xerox copy)
- 7 Transfer Certificate(TC) Previous School
- 8 Annual Result (TC) Previous School