

SHRI BRAHMANAND VIDYA MANDIR SAINIK SCHOOL CHAPARDA

Address: Po. Juni Chavand, Ta. Visavadar, Dist. Junagadh, At. CHAPARDA-362120 (Gujarat)

Phone: +91 99789 70482 | Email: prosschaparda@gmail.com

Website: sainikschoolchaparda.in

**Attested
Photograph of
Student**

ADMISSION FORM FOR CLASS VI & IX

Student's Information

All the details must be in BLOCK (Capital) letters

1. Admission Round: _____

2. AISSEE Application No: _____ Roll No _____ AI Rank _____

	First Name	Middle Name	Last Name
3. Full Name of Student:			

Name as per Aadhar: _____

Name as per **TC** or **LC**: _____

Name as per Birth Certificate: _____

4. Date of Birth (DD/MM/YYYY):

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 Place of Birth: _____

5. Gender: Boy Girl. 6. Aadhaar Number:

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7. Category: General SC ST OBC Others Defence

8. Nationality: 9. Religion: 10. Caste: 11. Category:

12. Address Details: -

Permanent Address: _____

_____ City: _____ State: _____ PIN Code: _____

Present Address: _____

_____ City: _____ State: _____ PIN Code _____

13. Medical & Emergency Details

Blood Group:

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 Emergency Contact Name:

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Any Medical Conditions/Allergies:

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Height:

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 Weight:

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Identification Marks:

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14. Permanent Education Number:

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15. AADHAAR UID NO.: (If the previous School is from Gujarat)

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16. APAAR Id No. (If have):

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or (fill Consent Form)

17. Date of Admission:

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18. Bank Details of Cadet:

Account No:

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IFSC Code:

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MICR:

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19. Bank Details of Mother: (only for Girl Cadet)

Account No:

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IFSC Code:

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MICR:

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Account Holder Name:

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20. Previous School Details:

Standard	School Name	No. of Days Attended	Gmail & Mo. No. of School	Percentage, Total Marks & obtained Marks	Medium
3 or 6					
4 or 7					
5 or 8					

21. Admission in Class VI or IX .

22 Family Details:

First Name

Middle Name

Last Name

• Father's Name:

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Occupation:

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Father's Mob.:

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Qualification:

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Aadhaar No.:

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Yearly Income

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• **Mother's Name:**

Occupation: Mother's Mob.:

Qualification: Aadhaar No.:

Yearly Income

• **Guardian's Name (if different):** _____

Relationship with Student: _____ Contact Number:

• **Email ID: (In Capital letters)**

- Whether BPL beneficiary? Yes NO
- Whether belongs to EWS / Disadvantaged Group? Yes NO
- Whether Admitted under Section 12C of RTE Act? Yes NO

Declaration by Parent/Guardian

I, _____ (Parent/Guardian's Name), hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of the school.

Place :

Date : _____ Signature of Cadet _____ Signature of Parent/Guardian _____

For office use only

1. Documents Pending : _____

2. Fee Payment Details : Mode of Payment _____
Transaction ID _____
Date of Payment _____
3. Date of Provisional Admission: _____
4. Date of Hostel Admission: _____

Signature of Clerk

Signature of Principal

Signature of Director