Scholar No. _____

S.G. INTERNATIONAL SCHOOL

Ph. 0141-2100690
M.: 9461633174
9784341955

Shri Karni Govind Nagar, Opp. S.G. Paradise, Rawan Gate, Kalwar Road, Jaipur
email : sg.international47@gmail.com, WEBSITE - www.sginternational.org

Application for Admission

Serial No:

Please fill in the form in **CAPITAL** letters

Affix recent Passport size photograph

Admission Applied for Class _____ Session

Student's Name

Age Date of Birth Sex: M F

Date of Birth (in words) _____

Father's Name

Mother's Name

Category

General [ ]
S.C. [ ]
S.T. [ ]
O.B.C. [ ]
Handicapped [ ]

(Please tick the appropriate)

Religion _____ Caste _____ Nationality _____

Occupation _____ Monthly Income _____

Local Address

Permanent Address

Telephone No. Res _____ Off. _____ Mobile _____

Nearest telephone and name of contact person in case of emergency _____

School Last Attended _____ Class _____

Medium of Instruction _____ T.C. No. _____

Birth/Transfer Certificate and mark Sheet must be submitted in original along with the Application form.

UNDERTAKING

I hereby declare that I shall abide by the rules and regulations of the School in force or as amended from time to time and undertake to pay all school dues pertaining to monthly fee, term fee and any other fee payable by my ward. In case of delayed or non-payment of any dues, the school can levy a fine or strike off the name of my ward. I also agree to pay for the damages done to the school property by my ward.

I also understand that there will not be any alteration in name and date of birth of my ward in future.

Admit in Class _____ **Signature of Parent**

Date _____ **Principal** **Date** _____

For Office Use Only

Birth/Transfer Certificate Number _____ Dated _____ Scholar Register No. _____

Fee Amount _____ Receipt No, _____ Date _____

Signature