

# SOMILA INTERNATIONAL SCHOOL

(Under the agies of Somdutt Deedwanlya Charitable Sansthan)  
(CBSE Affiliated Upto class XII)



## ADMISSIONS 20 - 20

## STUDENT DATA

USE ONLY CAPITAL LETTERS.

KINDLY PROVIDE ACCURATE AND COMPLETE INFORMATION FOR THE PURPOSE OF SCHOOL RECORDS. PLEASE DO NOT LEAVE ANY COLUMN BLANK. USE N.A. WHEREVER NECESSARY. RETURN THE COMPLETED REGISTRATION FORM DULY FILLED WITHIN 3 DAYS FROM THE DATE OF PROCUREMENT. THE REGISTRATION NUMBER WILL BE USED FOR ALL FURTHER COMMUNICATION.

*Affix a recent  
passport-size  
colour photograph  
of the candidate*

DATE OF ISSUE

REGISTRATION No.

NAME

STUDENT'S NAME

MIDDLE

SURNAME

GENDER

MALE

FEMALE

DATE OF BIRTH

DD

MM

YYYY

DATE OF BIRTH

(IN WORDS)

AGE AS ON 31.3.2022

YEARS

MONTHS

DAYS

(IN WORDS)

STUDENT'S AADHAR NO.:

CASTE PLEASE TICK WHICHEVER IS APPLICABLE: SC

ST

OBC

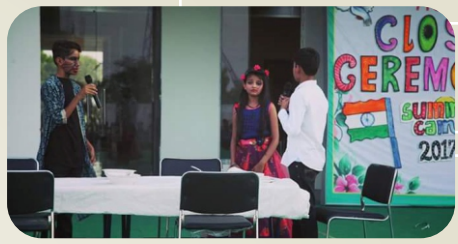
OTHERS

ADMISSION SOUGHT IN CLASS

CURRENT SCHOOL

CURRENT CLASS

SPECIAL SKILLS AND INTERESTS



**ADMISSIONS 20 -20      PARENT DATA**

**FATHER**

*Affix a recent  
passport-size  
colour photograph  
of the father*

**MOTHER**

*Affix a recent  
passport-size  
colour photograph  
of the mother*

NAME \_\_\_\_\_

\_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_

PIN CODE \_\_\_\_\_

PHONE(S) \_\_\_\_\_

\_\_\_\_\_

MOBILE NO. \_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

\_\_\_\_\_

**WORK DETAILS**

QUALIFICATION \_\_\_\_\_

\_\_\_\_\_

PROFESSION \_\_\_\_\_

\_\_\_\_\_

ORGANISATION \_\_\_\_\_

\_\_\_\_\_

DESIGNATION \_\_\_\_\_

\_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE(S) \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

\_\_\_\_\_

NO. OF CHILDREN (DAUGHTER/S) \_\_\_\_\_

(SON/S) \_\_\_\_\_

**DETAIL OF SIBLING/S (REAL BROTHER OR SISTER) STUDYING IN SIS GANGAPUR OR HAVING APPLIED FOR ADMISSION**

NAME \_\_\_\_\_

\_\_\_\_\_

CLASS \_\_\_\_\_

\_\_\_\_\_

ADMISSION NO. \_\_\_\_\_

\_\_\_\_\_



## ADMISSIONS 20 -20

## PARENT DATA

MOTHER TONGUE OF THE CHILD : \_\_\_\_\_

FIRST LANGUAGE PREFERRED : \_\_\_\_\_

OPTIONAL LANGUAGE : \_\_\_\_\_

DO YOU NEED TRANSPORT  YES  NO

IF TRANSPORT FACILITY IS NOT AVAILABLE, WOULD YOU STILL SEEK ADMISSION  YES  NO

AREA OF INTEREST WHERE PARENTAL CONTRIBUTION COULD ENRICH THE SCHOOL

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> MUSIC/ DANCE/ DRAMA      | <input type="checkbox"/> SOCIAL SKILLS   | <input type="checkbox"/> PAINTING/ SCULPTURE |
| <input type="checkbox"/> ACADEMICS                | <input type="checkbox"/> PUBLIC SPEAKING | <input type="checkbox"/> COMMUNICATION SKILL |
| <input type="checkbox"/> BUS / OUTING SUPERVISION | <input type="checkbox"/> MEDICAL         | <input type="checkbox"/> CAREER COUNSELLING  |
| <input type="checkbox"/> SPORTS                   | <input type="checkbox"/> MEDIA / PR      | <input type="checkbox"/> COMMUNITY PROGRAMME |
| <input type="checkbox"/> OTHERS                   |  |  |

### DECLARATION

WE HEREBY CERTIFY THAT ALL THE INFORMATION GIVEN IS TRUE AND CORRECT. IF MY/OUR SON/DAUGHTER IS SELECTED FOR ADMISSION, WE HEREBY AGREE AND GIVE CONSENT TO ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL. WE FURTHER UNDERSTAND THAT REGISTRATION DOES NOT GUARANTEE ADMISSION AND THAT THE REGISTRATION FEE PAID IS NEITHER REFUNDABLE NOR TRANSFERABLE.

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE  
(IF APPLICABLE)



ADMISSIONS 20 -20

FOR OFFICE USE ONLY

ADMISSION ORDER BY PRINCIPAL

ADMITTED

NOT ADMITTED

CLASS \_\_\_\_\_ SECTION \_\_\_\_\_ W.E.F. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

ENCLOSURES

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> TRANSFER CERTIFICATE              | <input type="checkbox"/> BIRTH CERTIFICATE                    | <input type="checkbox"/> IDENTITY PROOF      |
| <input type="checkbox"/> PHOTOGRAPH OF STUDENT<br>(4 NOS.) | <input type="checkbox"/> INCOME CERTIFICATE<br>(OPTIONAL)     | <input type="checkbox"/> BLOOD GROUP         |
| <input type="checkbox"/> PREVIOUS YEAR MARKSHEET           | <input type="checkbox"/> CASTE CERTIFICATE<br>(IF APPLICABLE) | <input type="checkbox"/> PARENTS ID          |
| <input type="checkbox"/> ADMISSION FORM                    | <input type="checkbox"/> ADDRESS PROOF                        | <input type="checkbox"/> MEDICAL CERTIFICATE |
| <input type="checkbox"/> UNDERTAKING (IF ANY)              |   |  |

ADMISSION NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADMISSION DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ADMISSION IN-CHARGE

REMARKS