

BAL SANSAR SAINIK SCHOOL

Belwakhn, Jeolikot, Nainital
Phone: 9927289673

ADMISSION FORM

Session:	
Class in which admission is sought:	
Name of Child (IN CAPITAL LETTERS):	
Sex: Male / Female	

Date of Birth		In Words	
Blood Group		Height	
Weight		Caste	
Category: GEN / SC / ST / OBC / EWS / DISABLED / SG CHILD			

Mother's Details		Father's Details	
Name		Name	
Nationality		Nationality	
Occupation		Occupation	
Mobile No.		Mobile No.	
Full Address		Full Address	
Annual Income		Annual Income	

Name of School Last Attended	
Result of Last Examination (%)	
Whether T.C. Attached (YES/NO)	
State Belonging	
Home Town	
Mother Tongue	
Child's General Behavior	
Defense Personnel (if yes)	
Aadhar Card No.	

Declaration by Parents:

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I agree to abide by all the rules and regulations of the school.

Date	Signature of Parent / Guardian	Principal Signature & Stamp
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