Shree Swami Samarth Dnyanpeeth's

SAHYADRI NATIONAL SCHOOL ENGLISH MEDIUM SCHOOL



140/2, Warje Malwadi, NDA Road, Pune – 411 058, Tel. No - 25236049

E-mail: sssdsahyadrinationalschool@gmail.com



APPLICATION FORM							
Faure Na		YEAR		photo			
Form No: Admission sought for: _				CODA			
• Student's Name:		WRITE IN BLOCK LETTERS					
Student's Name.	SURNAME			FATHER'S NAME			
• Date of Birth:							
Gender:	Place of Birth:	Tal	uka:				
District:	State:						
• Religion:	Mother To	ngue:	Caste:				
Category: SC/ST/NT/OBC/ Open							
Permanent Address:							
• Current Address:							
Residential Tel. No:		_					
• Father's Name:							
Father's Qualification: _	SURNAME	NAME Father's Profession:	F	ATHER's NAME			
	SURNAME & Address:	Father's Profession:	F,				
Company Office Name		Father's Profession:	F,				
Company Office Name	& Address:	Father's Profession: Father's Mobil	e No:				
Company Office Name	& Address:	Father's Profession: Father's Mobil	e No:				
Company Office Name of Office Ph. No.: Father's E-mail ID: • Mother's Name:	& Address: SURNAME	Father's Profession: Father's Mobil NAME	e No:	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification:	& Address:	Father's Profession: Father's Mobile NAME Mother's Profession:	e No:	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification: Company Office Name	& Address: SURNAME & Address:	Father's Profession: Father's Mobile NAME Mother's Profession:	e No:	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification: Company Office Name Office Ph. No.:	& Address: SURNAME & Address:	Father's Profession: Father's Mobil NAME Mother's Profession: Mother's Mob	e No:F/	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification: Company Office Name Office Ph. No.: Mother's E-mail ID:	& Address: SURNAME & Address:	Father's Profession: Father's Mobil NAME Mother's Profession: Mother's Mobil	E No:F/	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification: Company Office Name Office Ph. No.: Mother's E-mail ID: • Combined Annual Inc.	& Address: SURNAME & Address: ome:	Father's Profession: Father's Mobil NAME Mother's Profession: Mother's Mobil	E No:F/	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification: Company Office Name Office Ph. No.: Mother's E-mail ID: • Combined Annual Inc. • Name of the school the	& Address: SURNAME & Address: ome: ne child last attended:	Father's Profession: Father's Mobil NAME Mother's Profession: Mother's Mobil	e No:F/	ATHER'S NAME			
Company Office Name Office Ph. No.: Father's E-mail ID: • Mother's Name: Mother's Qualification: Company Office Name Office Ph. No.: Mother's E-mail ID: • Combined Annual Inc. • Name of the school the	& Address: SURNAME & Address: ome:	Father's Profession: Father's Mobil NAME Mother's Profession: Mother's Mobil	e No:F/	ATHER'S NAME			

Shree Swami Samarth Dnyanpeeth's

SAHYADRI NATIONAL SCHOOL ENGLISH MEDIUM SCHOOL

PREPRIMARY SECTION

140/2, Warje Malwadi, NDA Road, Pune – 411 058, Tel. No - 25236049

E-mail: sssdsahyadrinationalschool@gmail.com



	FOR OFFIC				
Original birth	n certificate.				
Original scho	 Original school leaving certificate. 				
a) Bonafide l					
b) Applicatio	b) Application specifying date of submission of LC				
Progress Rep	Progress Report Of last qualifying examination.				
Stamp sized					
Medical fitne	Medical fitness certificate issued by qualified person				
Caste Certific	❖ Caste Certificate (Attested Copy)				
Transfer Cert	❖ Transfer Certificate from District Education Office (If Applicable)				
Comment:					
		Receiver's Signature:			
Admission Granted fo	or				
Std.:		Div:			
Shift:					
Date:			Signature of Parents/Guardian:		
			5		
Approved by:	Sign:	Channa			
		Stamp			