

## Admission Form

### S.B.N.P. Samaj Kalyan Shiksha Samiti

(Bhitaha, West Champaran)

Note-Please Fill the form in **Capital Letters**.

Class- (In which you want to enroll).....

Student Name- .....

Name as per Aadhaar-.....

Father's Name- .....

Mob- ..... Profession—Agriculture/Govt.Jobs /Other

Mother's Name-.....

Mob- ..... Profession –Housewife / Agriculture / Jobs /Other

Name of school/Anganwadi center before enrollment .....

Student's Height(in cm)-..... Student's Weight(in KGs)-.....

Blood Group- A+ / A- / B+ / B- / O+ / O- / AB+ / AB- / Under Investigation

Date of Birth-

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Gender- Male / Female / Other .....

Religion- Hindu / Islam / Other .....

Caste ..... Whether BPL beneficiary- Yes / No

Community – Genral / OBC / EBC / SC / ST / EWS / Other

Nationality Indian / Other .....

Identity Document- Aadhaar / Birth Certificate /Other .....

Identity Document No.

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Whatsapp No– ..... Email–.....

Permanent Address-

Village ..... P.O.– .....

P.S.- ..... Block– ..... District–.....

State– Bihar/Other ..... Pin Code– .....

Current Address-

Village ..... P.O.– .....

P.S.- ..... Block– ..... District–.....

State– Bihar/Other ..... Pin Code– .....

**Announcement-**

I am enrolling my child in this school on the authority of a parent or legal guardian. If necessary for any reason, I undertake to provide any evidence necessary to support the information given here. I declare that the statements and evidence provided in this application are true to the best of my knowledge. And if found otherwise, I will follow the management's decision. I agree to abide by all the rules and fee structure of the school.

Date-

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Signature/Thumb Impression

Enrollment Coordinator

