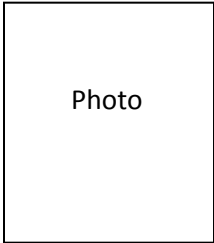


Saikrupa Education Foundation



Shalom International School & Jr. College, Panchagani



ADMISSION FORM

1. Name of the Student: _____

2. Mother's Name: _____

3. Caste/Subcaste: _____ 4. Nationality: _____

5. Birth Place: _____ 6. Date of Birth: _____

7. Last School Attended: _____

8. Std. in which admission is required _____ Day Scholar _____ Border _____

9. Date of Admission: _____

10. Name of the parents / Gaurdian: _____

11. Address: _____

12. Telephone: 1) _____ 2) _____

13. Any Sickness from which the child suffers often: _____

14. Veg or Non-veg : _____

I have read all the rules and regulations and undertaken to abide by them. My full co-operation is with you and shall not default from payment

Sign of parents

For the Office use Only

Submitted certificates:

1. Birth certificate

2. T.C.

3. Report Card

4. Medical Form