



Form No.: 2412

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831, B-Block, Panki, Kanpur-208020

ADMISSION FORM

(To Class _____ Session _____ Sr. No. _____)

(To be filled by office)

Registration No. [] [] [] [] [] [] Cash Receipt No. [] [] [] [] [] []

Certificates received (Tick appropriate)

Transfer Certificate [] Birth Certificate (Government Authority) []
Marks Statement [] Certificate of age (Previous School) []

Affix Recent Passport size Photograph

Please fill one letter in one box only.

Name (CAPITAL letters) []

Sex (Write) [] [] [] [] [] [] Nationality [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Father's Name (Full) []

Mother's Name (Full) []

Parents qualification Father _____ Mother _____

Parents occupation Father _____ Mother _____

Annual income Father _____ Mother _____

Date of birth (In figure) [] [] [] [] [] [] [] [] [] [] Age as on 30-03- [] [] Years [] [] Month
D D M M Y Y Y Y

Date of birth (In words) []

Caste (Write) GENERAL/SC/ST/OBC _____

Previous Schooling (If applicable) Class [] [] Session [] [] [] [] School Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Details of brother/sister studying in this school (if any) Scholar No. [] [] [] Class [] [] Sec [] [] Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Scholar No. [] [] [] Class [] [] Sec [] [] Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

P.T.O.

Residential address

Permanent address

Office/Business address

Father
Mother

Email (Father)

Email (Mother)

Phone (Office/Business) Father

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Mother

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile

Father

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone (Residence)

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DECLARATION

I certify that I am the father/mother of the child and the information furnished above is correct and to the best of my knowledge and I have carefully read the information given.

I hereby agree to abide by the Rules and Regulations of the School in force from time to time and to accept decision of the School authorities with regard to choice of subjects of studies, placement in class and evaluation method.

Mother's Signature: _____

Father's Signature: _____

Date _____ Guardian's Signature (if parents are not alive) _____

Relationship with child _____

For Office use only (To be filled after selection)

Admitted in

Class

--	--

Section

--

House

--	--

Scholar No

--	--	--	--

Checked by _____

Signature of Principal