## SARDAR PATEL

INTERNATIONAL SCHOOL

Khatri Khedi, Kanadiya Road, Indore (M.P.) - 452016 | Cont.: 6262625570 Email : spiscampus4@gmail.com | Web.: www.spisindore.in

Scholar No.	Admission Date												
ADMISSION FORM													
	AFFIX PHOTO OF STUDENT	AFFI PHOT OF FATHE	0	AFFIX PHOTO OF MOTHER									
Admission required	d for: Class:		PEN										
NOTE : PLEASE USE CAPITAL LETTERS ONLY													
We, wish to admit our son/daughter/ward													
whose particulars are given below as a day Scholar at given SARDAR PATEL INTERNATIONAL SCHOOL.													
First Name  Middle Name  Last Name													
Gender Date of Birth A Date of Birth in words													
Aadhar no.		SSSM IC		Family ID									
Community	ST/SC	ОВС	GEN	отн	ERS								
Languages Known		Mother tongue											
RESIDENTIAL ADDRESS PERMANENT ADDRESS													
PENWANEN I ADDRESS													
Father's mobile no.			Mother's mobile no.										
E-mail ID :			E-mail ID :										
Distance from school (in Kms ): Preferred Phone Number for school SMS													
Emergency Conta	ct No. (Res/Mobile)	Name of the pe	rson to be Conta	cted Relat	ionship								

FAMILY II	<b>NFOR</b>	MA	<b>TION</b>																			
Father/Guardian :							Mother/Guardian :															
Name :							Name :															
Educational Qualification :  Occupation/Business/Service :  Income Per Annum :  Office address :						Educational Qualification :  Occupation/Business/Service :																
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						Office address :																
Aadhar no.										Aadhar no.									$\downarrow$			
SSSM ID										SSSM ID									$\perp$			
Details of Br	others /	Siste	ers of t	he st	ude	nt:																
Name			(	Class		Nan	ne of	f the	Inst	itution (Same	e/Ot	her	Sch	ool	)		Per	rcer	ntage	e or	Gra	de
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Date :				-										Si	gna	ture	e of	Pai	rents		ardi	— an
Admission	Co-Ord	inato	or													H	Head	d of	f the	Inst	ituti	on