

Admission Form No:-\_\_\_\_\_.



**Birchandrapur ,Near Sohana Mall ,Mob-8597105657 /8918083583**

**Website : - sohanagroups.com**

## **ADMISSION FORM**

(Please fill in the details in Capital Letters only)

Name:\_\_\_\_\_.

Gender:\_\_\_\_\_ . Date of Birth :\_\_\_\_\_.

Class In Which admission is sought :\_\_\_\_\_.

Name and Address of Present School : \_\_\_\_\_.

Blood Group : \_\_\_\_\_ . Identification Marks : \_\_\_\_\_.

Does your child have any special need that we should be aware of : \_\_\_\_\_.

Please affix a  
recent photograph  
of the child here

### **Parent /Guardian Details -**

Father / Guardian (Full Name) : \_\_\_\_\_.

Mother (Full Name) : \_\_\_\_\_ . Mobile : \_\_\_\_\_.

Education Qualification (Parents) : \_\_\_\_\_.

Profession : \_\_\_\_\_ Designation :\_\_\_\_\_.

Residential Address : \_\_\_\_\_.

Telephone (Res) : \_\_\_\_\_ . Mobile : \_\_\_\_\_.

E-mail ID : \_\_\_\_\_.

### **Declaration :**

I hereby certify that the information given in the Admission form is complete and accurate. I understand and agree that misrepresentation or omission of facts may result in denial / cancellation of admission , or expulsion .

Date : \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent /Guardian

Document-

(निचेर एई डकुमेंट्स गुलि लागवे बाच्चार 4 कपि छवि,,बाच्चार जन्मसाटिफिकेट,बाबा मायेर 2 कपि करे छवि ,आधार कार्ड जेरक्क  
एवंग प्यान कार्ड जेरक्क )

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