

SIDDAGANGA TRUST (R) SIDHARTHA INTERNATIONAL SCHOOL

Affiliated to ICSE, New Delhi, No. KA.239/2012

Sidhartha Extension, Gangondanahalli Main Road, Nagasandra Post, Bangalore - 560 073.

APPLICATION FOR ADMISSION

Admission Ref.						
1. Name of the Pupil in Full (E	Block Letters)					
2. Gender : Boy Girl Date of Birth Date of Birth						
Date of Birth in words						
3. S.T.S. No.						
4. Place of Birth :		Taluk:				
Dist.		State :				
5. Name of the Father :		Qualification:				
Occupation :	Mobile :	E-mail :				
6. Name of the Mother :		Qualification :				
Occupation :	Mobile :	E-mail:				
7. Parent's Annual Income :						
8. Pupil staying with parents	s / Guardian / Paying Hostel					
9. No. of Brother / Sisters :						
10. Nationality, Religion / Ca	aste:					
11. Schedule Caste / Tribes	(If yes, Caste Certificate to	be produced) Yes No				
12. Mother Tongue :		1. 大型 · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
13. Any other Languages Sp	poken:					
14. Parent's / Guardian's pre	esent address with contact N	lo. :				
15. Permanent Address of the	ne Pupil with Contact No.					
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SI. No.	Name of the School	Syllabus (ICSE/CBSE/State)	Classes studied with year	Date of leaving school with reasons
0.		(IOOL/ODOL/Otato)	with your	concer man reacons
	er with Bill			
17. V	Whether the pupil has prod	uced the school, leaving of	certificate from the, last	school attended Yes No
18. L	anguages Studied	and .		
19. N	ledium of Instruction the po	upil had taken up in the la	st school.	
20. A	dmission for class	Lo		
		DECLARAT	TION	
I		Fathe	er / Mother / Guardian o	of
Dec	laration & verify that the ab	ove details given by me a	are correct.	
Plac	e:			
Date	Film patient can		Signature	of the Parents / Guardia
	tette c	PARTICULARS TO BE FI	LLED BY OFFICE	ality control of
Stude	ent Name :			
dmit	ted to :			
dmis	ssion No. & Date :			
ee R	eceipt No.:			
te:			Head Ma	ster / Head Mistress