



SOCRATIC SCHOOL OF INDIA

WEST FACE, NH- 709B, GOMTIPUR SIKKA, SHAMLI- 247776 (U.P) INDIA
AFFILIATED TO Council for the Indian School Certificate Examinations, NEW DELHI

(To be filled in block letters by the Parents/Guardians)(To be attached at the time of admission)

DATE: _____

APPLICATION FORM FOR REGISTRATION

ADMN NO: _____

Child

Father

Mother

Guardian

GENERAL INFORMATION

We are considering enrollment of our child in Grade/Class _____ with effect from _____ session.

Dear Sir/Madam,

Kindly register my son/daughter/ward for admission in your school. I have read the prospectus of the school and shall abide by the rules & regulations of school. The details are furnished herewith.

Name of Candidate _____

Date of birth _____ Gender: M/F _____ Category: Gen/OBC/SC/ST _____

Adhaar No. _____ Religion _____

Father's Name _____ Occupation _____

Mobile No. _____ E-Mail Address _____

Mother's Name _____ Occupation _____

Mobile No. _____ E-Mail Address _____

Guardian's Name _____ Relation _____

Mobile No. _____ WhatsApp No. _____

Correspondence Address _____

Permanent Address _____

Siblings Studying in SSI:

Name _____ Class _____ Section _____

Medical Prob. (if any) Attached Medical Certificate _____ Allergy (if any) _____

Blood Group _____

Signature: Father _____ Mother _____ Guardian _____

Parent Signature _____

Office Stamp & Signature

SCHOLARSHIP AVAILABLE ON TEST BASIS

ENROL NOW

 **+91 9258477556**

 **+91 8979900519**

REQUIREMENTS FOR ADMISSION

- 1. Two passport size photo of child and one postcard photo of child with the parents.**
- 2. One photocopy of birth certificate.**
- 3. One photocopy of residential certificate/proof. (Electricity bill, Ration card, Phone bill etc)**
- 4. One photocopy of AADHAR card (Child and Parent)**
- 5. Medical certificate of child. (Fitness certificate)**
- 6. Transfer Certificate with UDISE Number**



email us @ socraticschoolofindia@gmail.com