

SKS WORLD SCHOOL

Sector-16, Distt. Gautam Budh Nagar, Greater Noida (West), U.P. Email : contact@sksworldschool.com Call : 9891081240/9891081270

A	DMISSION F	ORM Session:				
				For Office Use Only		
	Passport photograph of the Child	Passport photograph of Father	Passport photograph of Mother	Form No.: Date Principal's Signature		
CL	ASS IN WHICH ADMI	SSION IS SOUGHT FOR	:	SESSION :		
1.	(a) Student's Name (In Full Block Letters):					
	(b) Gender Male Female Blood Group :					
	(C) Nationality Religion					
	(d) Date of Birth Day Month Year					
	(e) Address for Correspondence					
	(f) Mother Tongue :		Home Town :			
2.	Do you belong to GEN	SC ST ST	OBC			
3.	Do you belong to EWS	Disabled	S.G. Student			
4.	Transport Facility : Yes	No If y	ves, Area			
5.	Name and Address of Local Guardian (If any) :					
6.	Name & Address of the	school last attended:				
7.				Date Class		
8.	whether last school wa	s CBSE amiliated :		Result of last examination		

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Name of Student	
Class :	Form No.:
Time and Date of Admission Test /Interview:	
Please Submit this acknowledgment at the ti	me of Test and Admission (if granted).

AFFIX RECENT COLOURED PHOTOGRAPH OF STUDENT

Signature

9. Marks obtained in Previous annual examination in %

Sr. No.	Subject	Percentage (%)
1.	English	
2.	Second Language	
3.	Mathmatics	
4.	Science	
5.	Social Science	

10. Details of Parents :

Details of Father/Mother	Father	Mother
Name in Capital Letters		
Academic Qualification		
Occupation		
Name of Office & Full Address with Office Phone No.		
Phone/ Mobile No. (Home)		
Annual Income (in ₹)		

11. Is any of your brothers or sisters studying in SKS world School, Greater Noida ? if yes, give the following details:

Serial No.	Name	Class & Section	Admission No.	Year of Admn.
1				
2				

12. Any serious Ailment or Allergy of the child Yes / No, If 'Yes' Specify

INSTRUCTIONS

The following Certificates are to be submitted with this application form; if not, admission will not be considered.

- a. Photocopy of Birth Certificate from the competent Government Authority.
- b. Original Transfer Certificate (TC) of the student (Class II onwards)
- c. Parents ID proof and Residential address proof
- d. Medical fitness certificate of the student by MBBS doctor or registered Medical Practitioner.
- e. Blood Group Report of the student (Authorised Lab / Certified by MBBS doctor)
- f. 2 Passport size photo of students and 1 each of parents.

DECLARATION

- a. I fully understand that the school, on accepting the application for admission, is not in any way bound to grant admission, as admission is purely based on the availability of seats and qualifying the Admission Test and Interview. I also understand that the decision of the Principal regarding admission will be final and binding on me.
- b. In the event of my ward's selection for admission, I shall have no objections to the instructions and guidelines of the school. I further undertake to abide by all the school rules as may be put into effect from time to time.
- c. I shall not claim any refund of fees if my ward withdraws or does not attend school.

TERMS AND CONDITIONS

- 1. Fee is expected to rise by 10-15% per annum in both monthly and yearly component.
- 2. Fees once paid is not refundable.
- 3. Fee structure doesn't include the cost of books, copies, uniform, costumes for functions, trips, excursion and any other cost that is not specified in the fee structure

Signature of Father	Signature of Mother	Signature of Guardian
Name	Name	Name
Date	Date	Date

FOR THE OFFICE USE ONLY

Name of Student	Date of Birth	. Boy/Girl
Father's Name		
Mother's Name		
Date of Admission		
Category GEN / SC / ST / OBC /		

Category EWS / Disabled / S.G. Student.