SANSKRUTI

The School of Excellence

(Run By - Dr. Sudha Gupta Memorial Society)

Photograph

Name of the Child : .....

Sex : .....

Date of Birth : Date..... Month..... Year.....

Mother's Name : .....

Occupation : .....

Father's Name : .....

Occupation : .....

Address : .....

.....

Telephone No. : (O)..... (R)..... (M).....

Caste : ..... Category : Gen ☐ SC ☐ ST ☐ OBC ☐

Guardian Name : ..... Telephone No. .....

Class : .....

Particular Information : .....

About Child if any : .....

I hereby agree that I will abide by the rules & regulations of SANSKRUTI - The School of Excellence . All the information given here is correct and I have not withheld any important information. I will not hold you responsible for any unavoidable mishaps or accidents.

Date : .....

Signature
(Father/Mother/Guardian)

FOR OFFICE USE

The above mentioned child is admitted in class.....

Ad. No: .....

Date : .....

Principal