

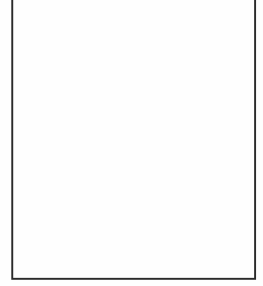


Form No. : _____

SRI SATHYA SAI VIDYA VIHAR

Express City Campus, Sagod Road Ratlam (MP) 457001
Phone : 97130 90099 | e-mail : sathyasai@sathyasairatlam.com

ADMISSION FORM



Scholar No.: _____ (To be filled by staff)

I request my son/daughter/ward be registered for admission to SRI SATHYA SAI VIDYA VIHAR, RATLAM as day student for the Academic Session 2026 - 27.

Name of the Child (in Capital): _____

Date of Birth: _____ Admission to Class: _____
(Please attach a copy of birth certificate)

Aadhaar No.: _____ Samagra ID : _____
(Please attach a copy of Aadhaar card) (Please attach a copy of Samagra ID)

Apaar ID.: _____ Student PEN No : _____

Mother Tongue : _____ Nationality: _____ Minority (Y/N): _____

Religion : _____ Caste : _____ Blood Group : _____

*Belongs to which category: **General / SC / ST / OBC**

Father's Name : _____

Father's Educational Qualification : _____ Designation : _____

Father's Profession : _____

Mother's Name : _____

Mother's Educational Qualification : _____ Designation : _____

Mother's Profession : _____ Parents' Annual Income : _____

Whether child is under some medical ailment / treatment / disability which should be known to the school if yes please give details _____

Full Postal Address : _____

Mobile Number (father) : _____ (mother): _____

Name, Address and Contact No. of Local Guardian (if any) : _____

(Mobile No.) : _____

* Please furnish certificate other than General Category

P.T.O.

PHOTO IDENTIFICATION



Father



Mother



Guardian

School last attended :

Name of School and Place	Class Attn.	CBSE/ICSC/IB/State Board/Other	Medium

IMPORTANT INSTRUCTIONS

1. Admission will be given on the basis of norms decided by the School Management.
2. The School Management reserves the right to increase the fee by at least 10% p.a.
3. Address for correspondence must be written clearly. Any changes in this must be intimated to the Principal.

DECLARATION

I certify that the information given is correct. Should any of it be found incorrect, I agree to accept any decision of School Authorities arising there of including cancellation of admission of my ward from the school.

I have read the School prospectus and request the Principal that my ward be registered for admission to the Sri Sathya Sai Vidya Vihar School, Ratlam. I note that the acceptance of the registration form and fee will not involve the School in any obligation to admit my son/daughter/ward and that the registration fee is not refundable or transferable. I undertake to abide by all the school rules and regulations for admission in force from time to time. I accept that the admission can be accepted or rejected by the School Authorities at their sole discretion and is not open, to any dispute.

Name of Parent requesting this admission: _____

Date : _____

Signature of Parent/Guardian

N.B. : This form should be filled in by the parent, if alive, otherwise by the Guardian. A attasted copy of the Municipal Birth Certificate should be enclosed at the time of registration. The form will not be accepted without the Birth Certificate.

FOR OFFICE USE ONLY

Remarks :

Photocopies of the certificates verified with the original

Accountant

Transport Incharge

Office Incharge

Principal