



SRM INTERNATIONAL SCHOOL

(Governed By SRM Group Udaipur)

Registration Form for Session 2020-21

Sr. No.

Date:

Student's Details

Name of Student : Admission For Class:

Gender: Nationality : Category :

Caste : Religion : Date of Birth :

Student's Aadhaar No : Blood Group : Medium :

Name of earlier School (If any) :

Present Address :

..... Pin Code : Res. Phone No. : City :

Sources of Information : Web Search News Paper Social Media TV Advertisement others

Father's Details :

Name : Designation :

PAN No. : Aadhaar No. : Education :

Annual Income : Occupation Type :

Office Address :

.....

Office Phone No. : Office Pin Code :

Mobile No. Email Address :

Mother's Details :

Name : Designation :

PAN No. : Aadhaar No. : Education :

Annual Income : Occupation Type :

Office Address :

.....

Office Phone No. : Office Pin Code :

Mobile No. Email Address :

Guardian's Details :

Name : Designation :

PAN No. : Aadhaar No. : Education :

Annual Income : Occupation Type :

Office Address :

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Office Phone No. : Office Pin Code :

Mobile No. Email Address :

Relation with Student

Other Details :

Mark Of Identification :

Disability (If any): Yes / No Mother Toungue :

Residential Status: Rented /Owned, Mode of Conveyance: Own Arrangement / School Bus

Vehicle owned by Parent: Two wheeler /Four Wheeler / Both / None, Siblings (Brother/Sister) : Yes No

Siblings School : Admn. No. :

Siblings Name :

Name & Sign. of Parent



SRM INTERNATIONAL SCHOOL

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Main Dabok - Mavli Road, 14th Milestone, Madri Crossing, SH-9, Udaipur (Raj.)

Mobile: +91 90244 63500, +91 90244 63501

Email: info@srminationalschool.org, www.srminationalschool.org

APPLICATION FOR ADMISSION

Form No :

Date :

Application No :

Photo

STUDENT'S PROFILE:

Name of the Pupil : _____

Admission Sought for Class : _____ Academic Year : _____

Date of Birth : _____ Aadhar Number : _____

Place of Birth : _____ State : _____

Nationality : _____ Religion : _____

Gender : _____ Caste : _____

Residential Address : _____

_____ Pin Code : _____

Mother Tongue : _____ Blood Group : _____

Identification Marks : _____

PREVIOUS ACADEMIC RECORD:

Name of the Previous School and Location	Class	Year of Study	Percentage / Grade

APPRAISAL OF YOUR CHILD:

Please mention the achievements, if any, of your child in academics /extra /co-curricular activities:

General Behavior : Mild Normal Hyperactive

Please mention, in brief, if there is any history of previous illness, allergy or physical / psychological illness : _____

Second Language in previous class : _____ Third Language in previous class : _____

Language preference :

Second Language : _____ Third Language : _____

PARENT'S / GUARDIAN'S PROFILE:

Father

Mother

Guardian

Signature _____

Signature _____

Signature _____

Particulars	Mother	Father	Guardian
Name			
Qualification			
Occupation			
Organization			
Designation			
Mobile Number			
Aadhar Number			
Email			
Annual Income(Rs)			
Office Contact number with extn. (if any)			

ENCLOSURES:

- Birth Certificate.
- Transfer Certificate.
- Passport size photograph of the child (3 copies).
- Passport size photograph of Parents.
- Aadhar Card copy of the Parents.
- Aadhar Card copy of the Child.
- Copy of Progress Report of the last class attended.
- Category Certificate.
- Transportation Form (If required)

I certify that, to the best of my knowledge, the information given on this application is true complete and correct. I understand that providing false information will be grounds for dismissal of a student from the school. I agree to abide by the rules, regulations and fee structure of the school.

Signature of the Parent/Guardian

Date

.....

FOR OFFICE USE ONLY

Miss/Master.....S/o,D/o.....is given / regretted admission in Class.....Section.....

OFFICE INCHARGE

PRINCIPAL



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BUS FACILITY FORM

Student's Name :

Class & Section :

Father's Name :

Residence Address :

.....
.....
.....

Phone / Mobile No. :

Place from where the facility is required :

DECLARATION

I Mr. / Mrs. Father / Mother / Guardian of Master / Miss

..... Class & Section Using / Taking / Seeking Conveyance

Facility as arranged by the school, hereby give an undertaking that :

1. That I will follow all the norms or instruction issued from time to time by school authorities, failing will result in denial of bus facility.
2. That I will agree for the decided pick-up point by the school authorities / administrative department.
3. That I will be responsible for bringing / take my ward up to / from the pick-up point well in time as per scheduled by the school authority.
4. That the unruly and unacceptable behavior in the bus of my ward will result in denial of bus facility.
5. I will be responsible for the charges incurred for any kind of damages to the bus if reported / found against my ward.
6. The facility will be available for a single to and for trip in a day. Monday through Saturday.
7. In case my ward stay beyond regular bus hours or in case of disruption in plying of the bus, for what so ever reason then I will have to make my wards own transport arrangements.
8. I take the responsibility of any risk or mishap if it so happens on account of natural calamity or due to any reason beyond human control.
9. Conveyance facility may be discontinued / withdrawn by the school authorities for some reason or the other, to which I will have no claim or objection.

(Signature of the Parent)

Date : _____

Name : _____