



## Sarv Narayan Memorial International School (C.B.S.E Affiliated School)

Add: - Singh Sadan Dr. P. Mehra Road  
New Karmantola, Ara – 802301  
City Office – Gausganj (Gangi)  
Opp. Kunwar Singh College, Ara  
Email Id:- snmischoolara@gmail.com  
principalsnmischoolara@gmail.com  
Mob:- 9304574809

### ADMISSION FORM

Admission Date:- \_\_\_\_\_

Admission No:- \_\_\_\_\_



Affix Photo of  
Child

|                         |                                   |                                       |                                   |
|-------------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| Admission required for: | Day Care <input type="checkbox"/> | Day Boarding <input type="checkbox"/> | Boarding <input type="checkbox"/> |
|-------------------------|-----------------------------------|---------------------------------------|-----------------------------------|

Note:- Please use capital letters only.

We, \_\_\_\_\_ and, \_\_\_\_\_  
to admit our son/daughter/ward whose particulars are given below as a day scholar at SNMI School of Excellence

#### A. INFORMATION OF THE CHILD

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| First Name           | Middle Name          | Last Name            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|   |                      |
|---|----------------------|
| Gender  | Date of Birth        |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Blood Group          | Religion             | Nationality          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Aadhar Number

Community  SC/ST  OBC  GEN  OTHERS

|                      |                      |
|----------------------|----------------------|
| Language known       | Mother Tongue        |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| PERMANENT ADDRESS    | RESIDENTIAL ADDRESS  |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Father's Mobile No.: | Mother's Mobile No.: |
| <input type="text"/> | <input type="text"/> |
| E-mail Id:           | E-mail Id:           |
| <input type="text"/> | <input type="text"/> |

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms):

Preferred Phone Number for School SMS

| Emergency Contact No. (Res/Mobile) | Name of the person to be contacted | Relationship         |
|------------------------------------|------------------------------------|----------------------|
| <input type="text"/>               | <input type="text"/>               | <input type="text"/> |

**B. FAMILY INFORMATION**

Father/Guardian:

|                            |                 |              |
|----------------------------|-----------------|--------------|
| Name:                      | Age:            | Nationality: |
| Educational Qualification: | Institution:    |              |
| Occupation:                | Office Address: |              |
| Designation:               |                 |              |
| Annual Income:             | Tel:            |              |
| Aadhar Number:             |                 |              |

Mother/Guardian:

|                            |                 |              |
|----------------------------|-----------------|--------------|
| Name:                      | Age:            | Nationality: |
| Educational Qualification: | Institution:    |              |
| Occupation:                | Office Address: |              |
| Designation:               |                 |              |
| Annual Income:             | Tel:            |              |
| Aadhar Number:             |                 |              |

**Single Parent:**

Tick one, only if applicable

| Father   | Mother                   |
|--|--------------------------|
| <input type="checkbox"/>                             | <input type="checkbox"/> |
| If child is sponsored<br>(Name of sponsoring agency) |                          |
| Permanent Address:                                   |                          |

Details of Brothers/Sisters of the student

| Name                 | Age                  | Name of the Institution | Standard             |
|----------------------|----------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/> |

**C. ENCLOSURES** (All documents are mandatory at the time of admission)

- Birth Certificate
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2each)
- Aadhar Card copy of parents & students both

## MEDICAL HISTORY OF THE CHILD

### BIRTH HISTORY:

Birth Details: Normal  Caesarian  Forceps   
Birth Cry: Immediate  Delayed   
Discharge from Hospital \_\_\_\_\_ (Number of days)  
Specialize care give in the hospital: Yes  No   
If Yes, NICU:  Extended hospital stay   
Explain: \_\_\_\_\_  
\_\_\_\_\_

### (FOR OFFICE USE ONLY)

Admission charges including security paid receipt no. \_\_\_\_\_ Date \_\_\_\_\_  
Date of admission \_\_\_\_\_ Date of joining \_\_\_\_\_  
Class to which admitted \_\_\_\_\_ Scholar No. \_\_\_\_\_  
Remarks \_\_\_\_\_

(Signature of Principal)

On acceptance of this application, I agree to:-

- (a) Abide by all the rules and regulations regarding the student's attendance and discipline laid down by the school.
- (b) Pay the fees and allied charges as indicated in the fee schedule for the academic session.
- (c) Submit three months notice to the Principal for withdrawal of the child, otherwise will pay one quarter's fee in lieu of notice.

I will pay complete one term fees in case of midterm withdrawal of my ward (residential students only).

Station .....

Dated .....

(Signature of Parent/Guardian)

Name .....

**D. MISCELLANEOUS**

How did you hear about the S. N. Memorial International School?

Name of newspaper

Website

Name of the Magazine

Others (Please specify)/  
Hoarding/pamphlets/  
Word of mouth/catalogue

**DECLARATION**

I, \_\_\_\_\_ have the authority to admit my child/ward \_\_\_\_\_ into the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Parent/Guardian

\_\_\_\_\_

\_\_\_\_\_

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**For, SNMIS office use only**

Admission Coordinator

Head of the Institution

Dated.....

Dated.....