

SAMOON ADARSH VIDHYALAYA- OSLA STUDENT REGISTRATION FORM



			Fori	m No.
	STUDENT'S PE	RSONAL INFORMATIO	N	
FIRST NAME	MIDDLE NAME	LAST NAM	ИΕ	
GENDER MALE	FEMALE	DATE OF BIRTH	/ /	Attach student's recent
ENANU ID	CONT	CA CT ALLIA ADED		passport size photograph
EMAIL ID	CONT	ACT NUMBER		
CATEGORY: Please tick (v) GEN / SC	/ ST / OBC / MINORITY /	ANY MEDICAL PROBL	.EM	
PRESENT ADDRESS:				
PERMANENT ADDRESS:				
	PARENTS' /	GUARDIAN'S PROFILE		
PARTICULARS	FATHER		MOTHER	GAURDIAN
Full Name:				
Education Qualification:				
Occupation / Source of Income				
Working Organization:				
Annual income (Rs.)				
Nos. of Dependent				
Contact Number:				
Aadhar No:				
Aduliai No.	TEDRAG	2 CONDITIONS		
		& CONDITIONS		
1.Admission form must be filled in with d				
Original transfer certificate from previo	us school and proof of education of t	the child (photocopy of mark s	heet / report card) shou	ıld be submitted.
Any misbehavior / misconduct by the st	udent/parent/guardian will lead to r	ustication of the student with	out any prior notice.	
4. The School may facilitate availability of	books & uniform through stalls at the	e campus (for a day) prior to the	he commencement of th	ne classes.
5. Any student from poor family backgrou	and may apply for the fee waiver but	the approval of application so	lely remains at SAV- Osl	a discretion.
6. Fee: Admission fee : Rs. 350/-	Grade 0 - 2 - Rs. 150/- Monthly	y Grade 3 & 4 = Rs. 200	0/- Monthly	Grade 5 = Rs. 250/ Monthly
This fees is applicable for the current Acad	demic Year and is subject to change in	n subsequent Academic years.		
·		CLARATION		
We hereby declare that :				
1. We have filled a common admission for	em for Samoon Adarch Vidhyalaya . O)sla		
		isia.		
2. All the information furnished in this for	_			
3. Submission of any incorrect information				
4. Submission of this form, by no means, v				
5. Registration is on a first come first serv				
6. Registration is complete only on the pa	yment of registration fee and submis	sion of documents to the adm	nission department in th	ie SAV - Osla.
Father's Signature	Moth	her's Signature	Gu	ardian's Signature
		I VIDHYALAYA OFFICE L		
STUDENT NAME	AD	MISSION DATE/_	_/STUDEN	NTID SAV01/OS-UK/SF
LASS DIVISION		DIVISION	CLASS TEACHER	
ADMISSION FEE MONTHLY FEE		MONTHLY FEE	ANNUAL FEE	
Space for School use :-				
			Pri	ncipal's Signature
Address: Samoon Adarsh Vidhyalaya	- Osla, Post Office - Gangaad, Block -	Mori. District - Uttarakashi Ut		_ -
Janioon Addish vidilyalaya	Jana, i Jak Jijike - Gunguuu, Biotk -	ייים וווכוים, וויסויו, Ut	.ca. annana, mala 24310.	o, 1110011C. JTII/IJ/00

Head Office: Khadri Road, Khadri Khadak Maf, Shyampur, Rishikesh, District: Dehradun, Uttrakhand, Pin — 249204, Mobile No. - +91 6395436883

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