

## SUJANA ACADEMY OF INNOVATION

## PRIMARY, HIGHER PRIMARY & HIGH SCHOOL

(Recognized by the Govt. of Karnataka)
Sujana Convent, 13th Cross, G.K Layout, Hosa Road, Bengaluru - 560 100

## STUDENT APPLICATION FORM FOR ADMISSION

(To be completed by Parent / Guardian)

7//	plication Form No: or Office use)	Admission No :
****	Date of Admission	Signature of the Principal
(PI	ease use CAPITALLETTERS to complete the form)	
	te: It is compulsory to provide Xerox copy of Birth Certificate in case of new admission Grade-I and Original Transfer Certificate for new admission from Grade-II.	Affix a recent passport size
It is	s compulsory to provide the Caste Certificate if you belong to BC, MBA, OBC, SC or ST	colour photograph of
1.	Tick the Grade the Candidate is applying for?	(3.0 cm x 3.5 cm)
	Grade-II Grade-III Grade-IV Grade-V	(5.0 6111 × 5.5 611)
	Grade-VI Grade-VII Grade-IX Grade-X	
2.		
	Name: First NameLast Name	:
	Sex: Male Date of Birth (dd/mm/yyyy):	
	In words: Place of Birth	
	Annual Income :No. of Dependents :	
	Nationality: Cas	ite
	Whether belongs to BC MBA OBC SC ST	
	Specify, if any If so	, produce the Caste Certificate
	First Language:	
2	Language spoken at home : iiii	
٥.	Current mailing address: Permanent Address:	
		_

4.	(a) Class last studied (a)	****	
	(b) Name of School last attended (b)	113)6	
	(c) Whether qualified for promotion is sought (c)	*****	
	(d) Languages Studied (d)		
	(e) Medium of Instruction (e)	****	
	(f) Transfer / School Leaving Certificate No Date :		
5.	Family information:		
	Father's title : Dr Mr Other, please specify		
	Father's name :	Affix a recent	
	Qualification: Profession:	GOIGEI	
	Organization / Company :	photograph of the Father	
	Work Address:	(3.0 cm x 3.5 cm)	
	Telephone: Mobile :		
	Mother's title: Dr Mrs Other, please specify	_	
	Mother's Name :	Affix a recent	
	Qualification: Profession:	passport size	
	Organization / Company :	— photograph of	
	WorkAddress :	the Mother	
	Telephone : Mobile :	(3.0 cm x 3.5 cm)	
6.	Local Guardian :		
	Title : Dr Mr Other, please specify		
	Local Guardian name :	Affix a recent passport size	
	Relation with Student :	oolour	
	Organization / Company:	the Guardian	
	Work Address :	(0.0 cm x 0.0 cm)	
	Telephone: Mobile:	_	
7.	In case of emergency, who should we call in order of priority 1st, 2nd, 3rd ?		
	Father's No : Mother's No :		
	Local Guardian's No :		
8.	Student staying with Parents Guardian Paying Hostel Specify if any :		
9,	Declaration		
	I/We confirm that all the information I/We have provided is correct. Father's Signature	9:	
	I /we further agree to inform the school promptly, in writing, of any Mother's Signature	Θ;	
	subsequent changes. I/we agree to meet all financial responsibilities  Guardian's Signat	ture :	
	promptly. I/We understand that any incorrect information given by	PHOCESS 24 11.6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	me/us will refluer this application invalid and consequently, the		
	admission granted will stand cancelled. Place :		