



SAGE INTERNATIONAL SCHOOL

Ayodhya Nagar, Bypass Road, Bhopal

☎ 0755-4983171, 7694013272

✉ sisan@sisbhopal.edu.in (Affiliation No. 1031081)

Danish Kunj-5, Kolar Road, Bhopal

☎ 0755-2984020, 6232881872

✉ sisdk@thesage.co.in

ADMISSION FORM

Scholar No.

Form No.

Please
Affix one recent
Passport size
Photograph
of the Child

Affix recent
Photograph
of Father /
Guardian of
the Child

Affix recent
Photograph
of Mother of
the Child

CHOICE OF SCHOOL [P/s Tick ✓] Sage International School-Branch: Ayodhya Nagar Danish Kunj

Name of the Student : First NameMiddle Name.....

SurnameReligion.....

Date of Birth (in Figure) :

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

 General SC ST OBC

Birth Place :Dist.....State.....

Admission in to Class :

School last attended : School NameClass

Gender : M F Mother Tongue Nationality

SSSM ID :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Aadhar No. of Student :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Father's/Guardian's Name :Mob No.....

Qualification :Occupation.....

Annual Income :E-mail.....

SSM ID of Father :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Aadhar No. of Father :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Mother's Name :Mob No.....

Qualification :Occupation.....

Annual Income :E-mail.....

SSM ID of Mother :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Aadhar No. of Mother :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name of the Bank :Branch

A/c. No. :IFS Code

Address for Correspondence :

Permanent Address :

Details of Siblings (not cousins)

Sr. No.	Name of Child	Age	Education Level	Current School / Institution
1.
2.

Certificate from Parents / Guardian

I hereby certify that to the best of my knowledge, the information furnished in this form is complete in all respects. I very well understand that misrepresentation or omission of the facts will justify the denial / cancellation of admission or expulsion at any stage.

Name of the Parent / Guardian / Signature with Date:

List of Documents

- D. O. B. Certificate Previous Passing year (School) Report Card / Mark sheet
- Transfer Certificate Identity Proof (Aadhar Card) of Parents (Mother/Father) & Child
- Photographs of child-(4) SSSM ID:
- Photographs of Parents-(2) Certificates of achievements (if any)
- Cast Certificate (If applicable)

For Office use only

Report of admission process

1. Written test Marks obtained

2. Interview Marks obtained

Recommended / Not Recommended

Academic Co-ordinator

Admit Son/Daughter of to Class

House :

Dated:

Principal

Certified that all the entries here been made in the scholar Register and the fee dues have been realized.

His / Her Scholar No. is

Dated:

Signature