



# SIGMA

## SCHOOL OF EXCELLENCE

A Co-Educational English Medium Senior Secondary School

Kishanpuriya, Indore Road, Jhalrapatan - 326 023 (Rajasthan)

**Affiliated to CBSE New Delhi**

(All the entries should be in capital letters only)

Photograph  
of the candidate  
affixed

विद्ययामृतमश्नुते

APPLICATION FORM FOR REGISTRATION

Full Name of the Student First Name :

Last Name :

Aadhar No. :

Date of Birth (In Figures) :        
(DD) (MM) (YEAR)

(In Words) : \_\_\_\_\_

Last School Attended : \_\_\_\_\_

Admission sought to class :

Transfer Certificate Submitted (Yes/No) :

(No admission will be regularized until Transfer Certificate (in original) is produced).

Nationality of Child  Religion  Sex (M/F)

Whether member of SC/ST/OBC/SBC/Gen.

School Conveyance required or not : (Yes/No)

Father's Details	Mother's Details
Father's Name _____	Mother's Name _____
Academic Qualification _____	Academic Qualification _____
Profession _____	Profession _____
Designation _____	Designation _____
Organization Name _____	Organization Name _____
Address _____	Address _____
_____	_____
_____	_____
Mobile No. _____	Mobile No. _____
Whatsup Mobile No. _____	Whatsup Mobile No. _____
Email ID _____	Email ID _____
Aadhar No. _____	Aadhar No. _____

We, hereby, certify that the information given in this enrolment form is correct to the best of our knowledge and belief.

Date .....

Signature of Father/Gardian

**Details of any sibling (real brother or sister) :**

S.No.	Class/Sec.	Name of the Child	Name of the School
1.			
2.			

**FOR DAY SCHOLARS**

The school provides transport facilities, but there is no guarantee that a seat in the school bus will be made available, when the buses are full to capacity or do not ply in the area of residence. Transport once provided will not be discontinued during the academic session.

**GENERAL**

If at any stage after admission, it comes to our notice that vital information concerning the admission of their child has been withheld by the parents, or that they have give incorrect information, the admission of the student will be cancelled and his/her name struck off the rolls.

**Principal**

**DECLARATION**

1. We, hereby, certify that the information given in this enrolment form is correct to the best of my knowledge and belief.
2. The School reserves the right to cancel the admission of any student if it is found that the declaration/certificate submitted at the time of admission are found to be false/improper.
3. We, on behalf of our ward, hereby, undertake to abide by all the notification/instructions/circulars issued by the head of the school from time to time.
4. We further declare that we shall not make any request either in the Date of Birth or the Spelling of his/her name.
5. We put our signatures to confirm the above declaration.

Date .....

Signature of Father/Gardian

**MEDICAL HISTORY OF THE CHILD**

I, \_\_\_\_\_ father/mother of \_\_\_\_\_ student of  
Class/Section \_\_\_\_\_ Admission No. \_\_\_\_\_ hereby confirm that my child/ward is  
suffering/not suffering from :

- Allergy to any food item/drug
- Fits
- Bronchial Asthma/Bronchospasm
- Any other disease for which the child is on regular medication.

Parents to note that concealing correct medical history may result in expulsion from hostel immediately.

Date .....

Signature of Father/Gardian

**(OFFICE USE ONLY)**

Admission Granted in Class

Allocated Section

Admission Date

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Admission Incharge

Principal