

APPLICATION FORM FOR ADMISSION IN HOSTEL



Sara

**SANT ATULANAND
RESIDENTIAL ACADEMY**

AFFILIATED TO CBSE DELHI
Governed by Swami Atulanand Rachna Parishad Since-1980



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Parmanandpur,
Shivpur, Varanasi

Form No. _____

- Imp. -** 1. It is mandatory to fill every column.
2. Please inform immediately if there is any change in your address or phone number which you are giving here.
3. Fill the form in CAPITAL letters only.

- Name of the Students & Aadhar No.
- Class in which seeking Admission Sex- M F
Please tick (✓)
- Mother's name & Occupation & Aadhar No.
- Father's Name & Occupation & Aadhar No.
- Permanent Address- House No. Village/Town/Area
Police Station Pin Code
- City / District State
- Phone Numbers Home Office
Fax Mobile
- Email -
- Local Guardian (Name/Address/Occupation/Phone Numbers & Aadhar No.)
- Hobbies of Student
- Medical Report (Mandatory for your Ward's Benefit)-

Affix Recent
Coloured
Passport
Photo of
Student

Affix Recent
Coloured
Passport
Photo of
Parent/Guardian

(a) Chronic Disease	(b) Eye Problem	(c) Any Previous History	(d) Whether your ward wets bed in night
			YES <input type="checkbox"/> NO <input type="checkbox"/> Please tick (✓)

11. Name of the visitors allowed by you to meet your ward-

Name	Phone No.	Relationship	Signature

12. My ward will go home only with father, mother or legal guardians. I take responsibility of any kind of happening during his journey.

Signature of Parent/Guardian

Declaration

My son/daughter has been duly tested, interviewed and is successful. He/she has taken admission in Class of this institution. We have gone through the rules and regulations of the institution and promise to abide by them. If He/she or me violate the rules, in that case we shall obey the decisions taken by the authority of the institution.

Signature of Student

Signature of Parent/Guardian

ADMISSION ALLOWED IN HOSTEL

YES NO

Signature of Principal

Signature of Incharge

Date

Date

Passport Size
Self Attested
Recent Photo
of the Person
Allowed
to meet your
Ward (for
girls & all
primary students)

1

Name of the Local Guardian -

Address -

Phone No. _____

Mobile No. _____

Aadhar No. _____

Passport Size
Self Attested
Recent Photo
of the Local
Guardian

2

Name of the Local Guardian -

Address -

Phone No. _____

Mobile No. _____

Aadhar No. _____

Passport Size
Self Attested
Recent Photo
of any other
Person Allowed
to meet your
Ward other than
Local Guardian

3

Name of the Local Guardian -

Address -

Phone No. _____

Mobile No. _____

Aadhar No. _____

Note :- Filled by self going child Parents

Very Imp. - I allow my ward to go home by himself. I shall remain responsible for any consequences on the way there of. Please Tick (✓) which is applicable.

मैं अपने पाल्य को विद्यालय द्वारा घोषित अवकाश में स्वयं से घर जाने हेतु अनुमति देता हूँ। यदि उसके साथ रास्ते में कोई अनहोनी हो जाती है, तो इसका जिम्मेदार मैं स्वयं होऊंगा। जो लागू हो उस पर सही (✓) का निशान लगायें।

YES

NO

अभिभावक के हस्ताक्षर / Signature of Parent / Guardian

For Office Use Only

We have checked all the particulars of the student information given by the Parent / Guardian of _____ seeking Admission in _____ Hostel and found them correct.

Signature of Warden

Signature of Principal

Signature of Hostel In-Charge