

SUN VALLEY ACADEMY, SILAPATHAR

SENIOR SECONDARY SCHOOL

Address: Junaki Nagar Silapathar, Near Electricity Office P.O.- Silapathar, P.S.- Silapathar, Dist. Dhemaji (Assam) PIN-787059 Estd. 2018

Form No.:	<u>ADMI</u>	SSION FO	<u>RM</u>		Affix passport size photo of the student		
STUDENT'S PROFILE:							
1. Name of pupil (In capital letters)	:						
2. Admission sought for class	:		Aca	ademic Year :			
3. Date of Birth	:/_		Aa	dhar No.:			
4. Address	: Vill			Stat	te:		
	P.S			P.O			
	District:_			(Assam) P	PIN		
	Contact N	lo		Whatsapp	No		
5. Nationality	:			Religion: _			
6. Gender	: Mal	le Fen	nale Cas	te: OBC	ST SC Gen.		
7. Mother Tongue	: Blood Group:						
8. Identification Marks	:						
9. Hostel	: YES [NO	10.	Height	cm		
10. Transport Facility	: YES [NO	12.	Weight	kg		
11. Medium	: Englisl	h Assame	ese (Only	for class IX &	XI)		
12. PEN No	: <u> </u>						
13. APAAR ID	:						
14. No. of days attended by student in	previous ac	cademic year	:				
15. Approximate distance of student's from residence to school:							
16. Previous Academic Record							
Name of the previous school & location		Class	Yea	r of Study	Percentage/Grade		
20. PARENTS'/GUARDIAN'S PROFILE		Mother		Father	Guardian		

Particular		Mother	Father	Guardian				
Name		Wionici	1 autoi	Guararan				
Qualification								
Occupation								
Mobile No.								
Aadhar Numbe	r							
Annual Income	(Rs.)							
Terms & Conditions								
1. Addmission form must be filled in with due care by the parents/guardian. 2. Original transport partificate from provious school should be submitted before the condense year begins								
2. Original transger certificate from previous school should be submitted before the academic year begins.								
3. Any misbehaviour/misconduct by the student will lead to restication of the student without any prior notice								
DECLARATION								
(To be signed by Parent/Guardian at the time of admission only)								
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Latest Pass	-	PRC						
HSLC Adn HSLC Mar		Caste Certificate Blood Group						
			Signatur	re of Parents/Guardian				
FOR OFFICE USE ONLY								
			. Date of Admission					
gnature of Principa	al/Director			Signature of Office Assistant				