

॥ଶ୍ରୀ ସତ୍ୟ ସାଇ ବିଦ୍ୟା ମନ୍ଦିର॥

# Sri Satya Sai Vidya Mandir

॥श्री सत्य साई विद्या मंदिर॥

A Divine & Spiritual Academic Institution

Sai Nilayam Campus, Udala, Mayurbhanj, Odisha, 757041, INDIA

## Pre-Elementary School Admission Form

For Nursery, Lower/Pre Kinder Garten (LKG/Pre-K) and Upper Kinder Garten (UKG/K)

<b>Primary Contacts:</b> Principal : +91-8480635686 Convener: +91-9437471732	<b>Digital-Communication/Information:</b> Email : <a href="mailto:sssvm-contactus@googlegroups.com">sssvm-contactus@googlegroups.com</a> Website: <a href="http://sssvm.srisaividya.org/admissions">sssvm.srisaividya.org/admissions</a>	<b>Physical/By-Post Forms &amp; Submission:</b> SSSVM, Udala, Mayurbhanj, Odisha 757041, INDIA 09:00 AM – 11:30 AM IST From 20 Jan 2021 – 18 Mar 2021, Monday - Saturday
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<b>Student's Information</b>	
Student's Aadhaar No.:	Date: ____/____/____ (DD/MM/YYYY)
Student's Name:	Affix a Passport/Stamp Photo:
First Name : _____	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name : _____	Religion : _____
Last Name : _____	Nationality : _____
Date of Birth : ____/____/____ (DD/MM/YYYY)	Age as of 01 April 2021: Years____, Months____, Days____
Present Address: _____	Permanent Address: _____
_____	_____
_____	_____

<b>Parents' Information</b>	
Father's Name:	Mother's Name:
Education : _____	Education:
Occupation/Organization : _____	Occupation/Organization : _____
Contact No. : _____	Contact No. : _____
What's up No: _____	What's up No: _____
Email ID : _____	Email ID: _____

<b>Two Emergency Contacts:</b>	
Name : _____	Name: _____
Contact No. : _____	Contact No.: _____

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## Child's Previous School & Misc. Information:

Previous School (Specify, if Yes): \_\_\_\_\_ Child Toilet Trained? : \_\_\_\_\_

Sibling's Information: No. of Brothers & Age(s): \_\_\_\_\_ No. of Sisters & Age(s): \_\_\_\_\_

Special Interest: \_\_\_\_\_ Special Recognition: \_\_\_\_\_

## Child's Medical General Information:

Specific Ailments Suffered in Past : \_\_\_\_\_

Surgery Undergone : \_\_\_\_\_

Allergy, if Any : \_\_\_\_\_

Suffered from Phobias : \_\_\_\_\_

Any Regular Medication : \_\_\_\_\_

Any Special Care/Instruction : \_\_\_\_\_

## Declarations:

I/We declare that the information provided is true, correct and complete and I/We have not withheld/alterd any information. I/We agree to entrust my child under the care of the staff and members of Sri Satya Sai Vidya Mandir, I/We shall not hold Sri Satya Sai Vidya Mandir employees and management or devotees or any associated members responsible for any unavoidable, unforeseen, adverse, disaster and/or accidents that may have occurred inside and outside of SSSVM, Sai Nilayam Campus. I/We have read through Sri Satya Sai Vidya Mandir Pre-Elementary school rules, regulations and policies and am/are in agreement with and respect to the SSSVM's defined policies. I/We also agree that the decision of Admission Committee & Academic Excellence Council's for next academic year fresh admission/continuation/re-admission approvals or rejection of our kid in SSSVM Pre-Elementary School is complete & final.

Signature

Name of Parent (Father):

Date:

Signature

Name of Parent (Mother):

Date:

## Official Process Only:

Student Application Number:

Student's Name Verification: YES/NO

Student's Date of Birth Verification: YES/NO

Student Eligibility for Admission: YES/NO

Verifier's Name & Signature:

Reviewer's Name & Signature:

## Office Use ONLY - Post Verification:



- Copy to Admission Committee
- Copy to Academic Excellence Council
- Copy to Administration Cell

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