

Sri Sathya Sai Junior Boys Hostel
Prasanthi Nilayam

ADMISSION FORM (2023-24) FOR CLASS XI

(To be filled in by the applicant in his own **legible** handwriting)

AFFIX YOUR
PHOTO

GROUP: GROUP: MPC-CS/MPC/BPC /MAE/CAE/CAE-CS/MAE-CS

1. Name: (IN BLOCK LETTERS)	Roll Number: 2. Aadhar No.:									
3. Date of Birth:	Mother Tongue: Blood Group:									
4. Name of Parents Father: Mother:	Postal Address for communication: State: PIN:									
5. Occupation of Parents Father: Mother:	E .Mail ID: Telephone Nos (Fill details overleaf)									
6. Annual income Father: Mother:	7. Local guardian (if any): Name: Mobile No.:									
8. Name of Sister/Brother who are studying/studied in Sri Sathya Sai Educational Institutions.	<table border="1"><thead><tr><th><u>Name(s)</u></th><th><u>Class</u></th><th><u>Institution</u></th></tr></thead><tbody><tr><td>1.</td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td></tr></tbody></table>	<u>Name(s)</u>	<u>Class</u>	<u>Institution</u>	1.			2.		
<u>Name(s)</u>	<u>Class</u>	<u>Institution</u>								
1.										
2.										
9. Talents and Hobbies	(Give details overleaf)									
10. Medical history of the ward, if any.	(Give details overleaf)									

DECLARATION

Both my Parents and I, have gone through all the Rules and Regulations of the Hostel as provided. I agree to abide by all of them to the best of my ability and to adopt myself most satisfactorily into the Hostel.

Counter Signature of the Parent/Guardian

Date:

Signature of the Student

Aum Sri Sai Ram

Telephone contact Details:

S.No	Mobile Number / Landline with STD Code	Relationship to Student
1		
2		
3		
4		
5		
6		

The student will be allowed to call or receive calls only from the above numbers (whitelisted numbers). If you need to change any number in future, you need to request Hostel office by mail (parents.sssjbh@gmail.com).

Talents & Hobbies:

Medical History:

(Please make explicit mention if your ward requires special medical attention, medication etc). Advised to keep with your ward a copy of medical history record for follow up.

Bank Account details of Parent for refund of balance amount (if any) at the end of the year:

Name of the Account holder:	
Bank account number:	
IFS Code:	
Bank name & Branch name:	