



# Sri Sai Baba International Public School

[Affiliated to CBSE, New Delhi]

Chidderwala, P.O. SATYANARAYAN – 249204, Dehradun (Uttarakhand) INDIA

Tel. : 0135 – 2493300, 8006993030

Website : [www.srisaibaschool.org.in](http://www.srisaibaschool.org.in), E-mail : [ssbips.school@gmail.com](mailto:ssbips.school@gmail.com)

## REGISTRATION FORM

Registration # SSBIPS.....

1. Name of the Student : .....

(in capital letters)

2. Date of Birth ..... Blood Group..... Male/Female

3. Father's Name : ..... Occupation.....

4. Mother's Name : ..... Occupation.....

5. Address :

Communication.....

Parmanent.....

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6. Aadhar Card no. of Student.....

7. Mobile no. (Res.).....(Office).....

8. Parent's Montly Income : .....

9. Religion..... General OBC SC ST PH Other (Pl. Specify)

10. Place and country of Birth : .....

11. Languages Known : .....

12. Class in which admission is required..... Day Scholar Boarder

13. Record of last attended school :

Name of School	Year	Last Class Studied	Medium of Instruction	%age of Marks

14. If Non-resident Indian, Yes..... No.....  
has the child been to India before?

15. Name & address of Local Guardian, (if any) .....  
& relationship to the child seeking admission .....  
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16. Details of remittance enclosed DD No. ....Date.....  
Bank.....  
For Rs.....

17. Does the student from any serious illness diseases/identified allergies/any other disorder (Pl. Specify & enclosed medical history sheet).....

I declare that information furnished in this form is true to the best of my knowledge & belief. I agree that registration of my child is no guarantee of admission in the school and the registration fee paid in neither refundable nor transferable. I have read, understood & hereby agree to the terms & conditions.

Date..... Signature of Parent/Guardian

Note :

- Registration form must be accompanied by a Demand Draft (A/C Payee) in favour of **“Sri Sai Baba International Public School”** payable at Rishikesh.

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### ADMIT CARD

Registration No. SSBIPS..... Admission Test for class.....  
Student's Name..... Father's Name.....  
Date of Test..... Time.....

Date..... (Issuing Authority)

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### FOR OFFICE USE ONLY

Application received on :.....  
Registration No. :.....  
Relevant Information :.....  
.....  
.....  
Test Result :.....