

# Admission Form

## VIDYASAGAR VIDYAPITH (H.S)




Since-2017

Place:- Sahabajpur, Kaliachak, Malda \* Pin- 742201

Contact: vidyasagarvidyapithhs@gmail.com/ 9832510816



session	Date	Type	Van	Reg. No	Class	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Roll No	Sec	Student Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Address	Village:		P.O:			<input type="button" value="Choose File"/> No file chos
<input type="text"/>	<input type="text"/>		<input type="text"/>			
P.S.:	Dist:		PinCode:			

Date of Brth	Gender	Category	Blood Group
<input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	<input type="text"/>	<input type="text"/>

Mobile No	WhatsApp No	Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Father Name		
<input type="text"/>		
Qualification:	Occupation:	Monthly Income:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Name		
<input type="text"/>		
Qualification:	Occupation:	Mnthly Income:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Aadhar No	Co-Currirical activities, if any
<input type="text"/>	<input type="text"/>

Bank Details	
AC:	Bank Name:
<input type="text"/>	<input type="text"/>
Branch Name:	IFSC Code:
<input type="text"/>	<input type="text"/>

Previous School Name and Address(if outsider)	Transfer Certificate(TC), if any
<input type="text"/>	<input type="text"/>

.....  
Father's Signature

.....  
Mother's Signature

.....  
Signature & Seal of School