



SBBSSSE

TRUST BASED AUTONOMOUS PRIVATE BOARD

APPLICATION FOR ADMISSION 20 - 20

01. Name of the Student : _____
02. Mother's Name : _____
03. Name of the Parent/Guardian : _____
04. Residential Address : _____

- Phone/Mobile : _____
- Email : _____
05. Occupation of Parent/Guardian: _____
06. Religion/Caste/Sub caste : _____
07. Whether SC/ST/NT/OBC : _____
08. Sex : Male Female (Put tick)
09. Date of Birth : _____
10. Place of Birth : _____
11. Name of the School last attended : _____
12. Number & Date of School Leaving Certificate: _____
13. Provide details if the student is differently abled/Allergic to any allergen

14. Blood Group : _____ Aadhaar No. _____
15. Class to which admission is sought : _____
X/XII (Science/Commerce/Arts).
16. Student Type : Regular Private (Put tick)
17. Exam Type : Full Exam Single Subject (Put tick)

Affix
a recent
passport Size
photo

Disclaimer and Signature:

I hereby certify that the above particulars are true & correct and I agree to abide by the Rules and Regulations of the Institution.

Date:

Place:

(Signature of the Student)

(Signature of Parent/Guardian)