



SHISHU NIKETAN HIGHER SECONDARY SCHOOL

Nursery, Kindergarten, Primary, High & Higher Secondary (Arts, Science & Vocational Courses)

Email: shishuniketan@yahoo.co.in Website: www.shishuniketan.org

(Index no: 104295, VTC Code: 4001)

**Application for admission
(Higher Secondary Section)
[Arts/Science/Vocational (Put tick mark)]
Session: _____**

Paste a
Passport size
photo here

- Name in full (block letters) _____
- a) Name of Father/Guardian _____
b) Name of Mother _____
c) Occupation of Father _____ d) Occupation of Mother _____
- If father be dead, name, occupation of legal guardian and relationship with him/her

- Permanent Home Address:
a) Village or Town _____
b) Post Office _____ c) District _____
d) Pin Code _____ e) Phone No. _____ f) State _____
- Present Address of Father or legal Guardian:
a) Village or Town _____
b) Post Office _____ c) District _____
d) Pin Code _____ e) Phone No. _____ f) State _____
- Date of birth (According to Admit Card) : _____ (DD) _____ (MM) _____ (YYYY)
(Original admit card to be produced at time of admission for verification)
- Marks secured in the last examination (Original mark sheet to be produced at time of admission for verification)

Subject	Bengali	English	Mathematics	Physical Science	Life Science	History	Geography	Addl. Subject	Aggregate	Division	Percentage
Marks											

ATTESTED

(Signature of the attested officer with seal)

8. Approximate Family Income _____

9. Secondary Examination of any other board other than W.B.B.S.E.:-

Name of the board _____

Year of passing: _____ Roll: _____ No: _____

Division: _____

10. Madhyamik Examination of W.B.B.S.E.:-

Year of passing: _____

Roll: _____ No: _____

Div.: _____ Name of the school: _____

11. Nationality _____ Religion _____ Category _____

(If SC/ST/OBC-A/OBC-B mention if, submit Xerox Copy)

12. Married/ Unmarried: _____

13. Class in which admission sought: **XI / XII** (put tick mark)

14. Subject selected for the proposed course: (see prospectus)

Language	Elective	Optional
1.	1.	1.
2.	2.	
	3.	

15 (a) Name of the Local Guardian: - _____

(b) His/her relationship with the student: _____

(c) Address in full: _____

16. **Declaration:** I declare that particulars supplied above in this form are true and correct.

Full signature of the Parents/Guardian

With date

Student's signature in full

Office Use Only

(To be filled in by school office)

Date of admission:

Class: _____ Section/Stream/Trade: _____ Roll No. : _____

Signature of Headmaster