SYNOD FOUNDATION ENGLISH MEDIUM SCHOOL



Lefunga, West Tripura PO. Lefunga, Pin. 799210

E-mail Id: synodschool@gmail.com Telephone No. 0381 2865560 (O) / 9856915022 (M) 90

Admission Form

Affix Passport Size Photograph

1.	Name of the pupil Block letters:
2.	Date of Birth:
	Sex: Male/Female
	Nationality:
	Aadhaar No
\$	Tribe / Community:
	Religion:
	Class to which admission receive in the school:
	School in whice the last class attended and its address:
D. 1.	Hostels in which you stayed before and its:
	A) Father's Name:
	c) Father Income:
	d) Permanent Address
	e) Phone (Any Contact No.):
	f) Nearest Town :
2.	Mother's Name :
3.	Any relative or neighbor in any of the Hostel/School:
4.	Distance from residence to school:Phone:Phone:
5.	

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge. I am aware of the rules and regulations of the hostel. I promise to abide by these rules and other such rules the hostel authority may frame time to time.

Signature of the student			Signature of the Parent		4
Place:			Date:		

FOR OFFICIAL USE ONLY

Admitted/ Not Admitted	Class	Year and date of joining	Admission No.	Concession if any with reason and amount
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Signature of the H/M:	 Signature of the incharge:	The state of the s
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