

11. DECLARATION :

I/We certify that the information furnished in this form is true to the best of my knowledge and belief. False or incorrect information if supplied in this application can jeopardize selection and enrolment. I have gone through the prospectus and having satisfied myself want to get my son/daughter/ward admitted in standard / class

I..... Father/Mother/Guardian of
do hereby declare that I will cooperate with the school Management by following the instructions of the authorities in terms of financial, academic and administrative policies from time to time. I will abide by the decisions the Management if taken against my ward for deviation of rules and regulations of the school/hostel.
Sign of Mother Sign. of Father/Guardian
Date : Date :

12. UNDERTAKING BY THE STUDENT (FOR STD. XI & XII ONLY)

Ia candidate for admission in Std-XI / XII for the session.....
as day scholar / residential do hereby undertake I will abide by the rules and regulations Management for any of my activities going against the dignity of the Institution. I, as a disciplined student, will take care of the School/hostel properties.

Date : Signature

13. DOCUMENTS TO BE SUBMITTED AT THE TIME OF PROVISIONAL :

- True copy of the marksheet / Progress report of the last qualifying examination.
- True copy of the certificates of merit, if any.
- Birth certificate (photocopy) or Passport copy or Xth Board Certificate or +2 certificate.
- Photographs : Student (four nos), Parents (two nos), Local guardians (two nos), Family photo (two nos - for Primary Section only).
- Conduct certificate from the Head of the Institution last attended.
- Registration Fee.
- Copy of caste certificate wherever applicable.

14. REFERENCES : (DETAILS OF TWO PERSONS WHO CAN VOUCHER FOR YOU NOT RELATED TO YOU)

a. Name	Occupation	Tel #
Address	PIN code	Country
b. Name	Occupation	Tel #
Address	PIN code	Country

FOR OFFICE USE ONLY

1. Application Fee paid : Yes No 2. Appeared Admission Test : Yes No
3. Qualified in Admission test : Yes No 4. Recommended for admission in as Boarder/Day scholar.
5. School registration No : 6. Received (Rs /USD)
vide Cash / Cheque / DD No. towards registration. Receipt No.

Verified By

Admission I/C

Principal

Form No. **SWOSTI****SWOSTI INSTITUTE OF MANAGEMENT & SOCIAL STUDIES (SIMSS)**

(A unit of SWOSTI EDUCATIONAL FOUNDATION)

Promoted by SWOSTI GROUP

Application Form

Name : Class : Admission No. : Stream : Plan : Session : www.swostieducation.com

Corp. Office : P-1, Jaydev Vihar, Bhubaneswar - 751013
T : 91 674 2300067, F : 91 674 2301880, E : info@swostipremium.com
Campus : 29/147, Maitri Vihar, Near Women's Polytechnic
C.S. Pur, Bhubaneswar - 23, E : sims@swosti.com
Website : www.swostieducation.com

APPLICATION FOR PROVISIONAL ADMISSION

Subject to fulfillment of terms and conditions of the School

Instruction to fillup this Form :

- Information must be filled in with legible hand writing in Capital letters only except E-mail ID.
- recent passport size coloured photograph of the candidate, Parents & Local guardians should be affixed at the space provided in the form.
- Mention 'NA' against the columns not required.

Please paste
photograph
DO NOT STAPLE

Student

1. ADMISSION SOUGHT FOR : (Put✓Mark)

(A) Primary Section <input type="checkbox"/>	(B) Secondary Section <input type="checkbox"/>	(C) Sr. Secondary/+2 Sec. <input type="checkbox"/>
a) Day Care <input type="checkbox"/> (LKG to STD. III)	a) Std. VI to X <input type="checkbox"/>	a) CBSE <input type="checkbox"/> Science <input type="checkbox"/> Commerce <input type="checkbox"/>
b) Day Scholar <input type="checkbox"/> (Nursery to Std. V)		b) CHSE <input type="checkbox"/> Science <input type="checkbox"/>

2. FOR SENIOR SECONDARY / + SECTION ONLY :**(A) SUBJECT OPTED FOR :** (Please ✓ the appropriate Subject)

BDTHS

MTHS

(B) CATEGORY :Day Scholar Residential with Coaching **3. PERSONAL DATE OF STUDENT :**

Surname First Name Middle Name

Date of Birth : (in words) :

Sex : Female Male Religion : Nationality :

Category : SC ST OBC GEN

Mother tongue : Languages spoken at home :

Student's Passport No. :

Date & Place of Issue : Expiry Date :

4. ADDRESS :

PRESENT	PERMANENT
Plot No/Street No. & At : <input type="text"/>	Plot No/Street No. & At : <input type="text"/>
PO. : <input type="text"/> PS. : <input type="text"/>	PO. : <input type="text"/> PS. : <input type="text"/>
City : <input type="text"/>	City : <input type="text"/>
PIN Code : <input type="text"/>	PIN Code : <input type="text"/>
HOME : Tel# <input type="text"/> Fax# <input type="text"/>	HOME : Tel# <input type="text"/> Fax# <input type="text"/>
Mob# <input type="text"/>	Mob# <input type="text"/>
E-mail : <input type="text"/>	E-mail : <input type="text"/>

5. (A) ACADEMIC RECORD :

Name of School last attended

City State Country From To

Reason for leaving

(B) SCHOOL PERFORMANCE :

Aggregate percentage/grade in the last Examination

(True copy of the marksheet of qualifying Exam / SA-I must be submitted)

6. PROFICIENCY RECORD :**Please provide details of achievement in :**

Sports

Performing Art, Music, Dance, Drama, Debates etc.

Position or responsibility held in School of community

Other

7. PARENT'S/GUARDIAN'S INFORMATION :

Father's Name Age Nationality

Guardian's Name Age Nationality
(In case the father is not alive)

Mother's Name Age Nationality

Student residing with at present

Mother & Father Mother Father Guardian Stepfather Stepmother

**8. PROFESSION/OCCUPATION :
FATHER/GUARDIAN**

Profession/Occupation

Name of Organisation

Designation Annual Gross Income

Off. Address

Off. Tel # Fax Mob #

Email

Please paste
photograph
DO NOT STAPLE
Father/Guardian

Signature

MOTHER

Profession/Occupation

Name of Organisation

Designation Annual Gross Income

Off. Address

Off. Tel # Fax Mob #

Email

Please paste
photograph
DO NOT STAPLE
Mother

Signature

9. LOCAL GUARDIAN'S INFORMATION : (For Residential Students only)

1 Local Guardian's Name

Age Nationality

Education/University

Profession/Occupation

Name of Organisation

Designation

Annual Gross Income

Off. Address

Off Tel # Fax Mob #

Email

Local Guardian's relationship with Student

Please paste
photograph
DO NOT STAPLE
Local Guardian-1

Signature

2 Local Guardian's Name
(If necessary)

Age Nationality

Education/University

Profession/Occupation

Name of Organisation

Designation

Annual Gross Income

Off. Address

Off Tel # Fax Mob #

Email

Local Guardian's relationship with Student

Please paste
photograph
DO NOT STAPLE
Local Guardian-1

Signature

10. EMERGENCY CONTACT :**Please indicate for whom to be contacted in case of emergency**

Name..... Contact No.

Name and address of the person to whom accounts for fees should be sent..

Name

Address