



THOUDAM SARAT MEMORIAL SANA LEIPAK GIRLS SCHOOL

JIRIBAM, IMPHAL EAST, MANIPUR
(New Coming Generation Society)
Govt. Regd. No. EDA 20/1991
Motto: Wisdom Shines

ADMISSION FORM ONLY, GIRLS

Name of the Student :- _____

Date of Birth : _____ Age _____

Identification mark : _____

Class to which admission is sought: _____

Last school attended and class: _____

Previous illness if any : _____

Father's Name _____ Occupation _____

Mother's Name :- _____ Occupation _____

Present Address :- _____

Permanent Add: - :- _____

Village / Town :- _____

P.O/P.S :- _____

District :- _____

State :- _____

Pin :- _____

Phone no. if any : _____

Address of Local Guardian(s):- _____

Phone no. if any : _____

Nationality _____ Tribe: _____

Religion : _____ Sex/Gender: _____

Blood Group : _____

Document submitted: 1. _____

2. _____

Principal

UNDERTAKING BY THE STUDENT

I Mr./MS. _____ of Class _____

Understood the rules, terms and conditions of the Hostel and thereby agree to abide by it .In case of violation of the rules and regulation of the Hostel. The Managing Committee reserves the authority to initiate suitable action including expulsion from the Hostel.

Date: _____

Signature of the Student

DECLARATION BY THE PARENTS/GUARDIANS

I Mr. /Mrs. _____ Parents/Guardian of Mr. /Ms. _____ of Class _____ do here by declare that, the statements made above are true to the best of my knowledge. I have understood the terms and conditions and promise to abide by the same.

Parents/Guardians