



EBENEZER HIGH SCHOOL

Affiliation no-2030033, School Code: 35409

P.O. Sakbari, Sabroom, South Tripura

Email: ebenezerhighschool85@gmail.com

Website: www.ebenezerhighschool.co.in

Photo
Passport Size

SL.NO.

New Admission Form

PEN No: Registration No: Date of Submission: ____/____/____

1. Name of the Applicant (In Block letters):

2. Date of Birth:/...../..... 3. Admission in Class: Gender:

4. Name of the last School attended & Class:

5. Father's name: - Occupation:-

6. Mother's name: Occupation:-

7. Stream apply for

8. Address:

i) Village:- ii) P.O:-

iii) P.S:- iv) Division:- v) Dist:-

vi) Pin: - vii) Contact no (if any): -

9. Admission as Hosteller / Day-scholar: -

10. Name of the Local Guardian (If any):-

11. Whether ST/SC/OBC/any other:- 12. Nationality:- 13. Religion:-

14. Blood Group:- 15. Bus Service Yes/No:- 16. Ration Card No:-

17. Whether BPL/APL/AAY: - 18. Aadhar card no:-

19. Medical fitness certificate produced Yes / No:-

20. Bank details: Class-XI, XII (If yes give details)

i) Bank Account No: ii) Bank name: iii) IFSC: iv) Branch:

21. Whether any brother/Sister studying in this school Yes/No (If yes give details)

Name:- Class:- Roll no:- Section:

DECLARATION

I do hereby declare that all the statement mode in this application are true and correct, to the best of my knowledge and belief. I have read the prospectus and understand the rules & regulation of the school and promise to abide by them.

Guardian's Signature

Student's Signature

Sl. No:

New Admission

Registration No:

Stream:

OFFICE USE ONLY

PEN No:

Name of the Student: Father Name:

Class: Village: Phone:

Document to be enclose:

i) Admit Card

ii) Marksheet.

iii) Migration Certificate

iv) School Transfer Certificate

v) Blood Group Certificate.

vi) Medical Fitness Certificate (Only for Hosteller)

vii) Aadhar Card.

viii) Ration card.

ix) Cast Certificate

x) Recent Photo-2 copies.

Administrator