



EBENEZER HIGH SCHOOL

Affiliated to CBSE

Affiliation no-2030033, School Code: 35409

P.O. Sakbari, Sabroom, South Tripura

Email:-ebenezerhighschool85@gmail.com

Website: www.ebenezerhighschool.com

Days Scholar
Re - Admission



SL.NO. _____ Admission No: _____ Date of Admission: ____/____/____

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. Guardian's name (In case father/mother not alive): -

8. Address:

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

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

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

9. Admission as Boarder / 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-VI to X (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

OFFICE USE ONLY

Sl. No:

Name of the student:-..... Father Name:-

Class sought:- Village:-..... Phone:-.....


School Authority

[Note: - You are requested to submit the applicant's Birth certificate, Ration card, Aadhar card, Photo 2 copies, Cast certificate and School certificate (Including mark sheet and TC) Blood Group and Medical Fitness Certificate]