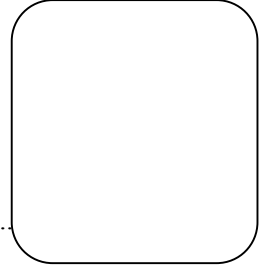


# Sandipani Vidya Mandir

A TEMPLE OF KNOWLEDGE



REG NO:.....

STUDENT FIRST NAME..... LAST NAME.....

MALE/FEMALE .....

FATHER'S NAME ..... OCCUPATION .....

MOTHER'S NAME ..... OCCUPATION .....

RELIGION..... CASTE..... NATIONALITY.....

DOB ...../...../..... PLACE OF BIRTH.....

BLOOD GROUP .....

ADDRESS.....

EMAIL:.....

PH.NO ..... MOB.NO.....

CLASS APPLIED FOR.....

PREVIOUS SCHOOL..... CLASS.....

## DETAILS OF BROTHER AND SISTER:

1. NAME..... SCHOOL..... CLASS.....

2. NAME..... SCHOOL..... CLASS.....

## IN CASE OF EMERGENCY

NAME: .....

ADDRESS:.....

PH.NO : .....

# INDEMNITY BOND/FORM

I/Shri/Smt.....

Father/mother of.....

Class..... indemnity that I will not hold the school authorities responsible in case of any incidents, while travelling to and fro in school transport and also any injury caused during participation in games,sport,field trip, study tour and any other exercises organised by the school.

Further in case of any unforeseen accident at school, following things will be taken into consideration:

- 1) The student will be taken to the nearest hospital by the school authorities, parents will be contacted immediately.
- 2) Temporarily medication by the school can be given to the child.

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ब्रह्मानन्दं परमसुखदं केवलं ज्ञानमूर्तिम्  
द्वन्द्वतीतं गगनसदृशं तत्त्वमस्यादिलक्ष्यम् ।  
एकं नित्यं विमलमचलं सर्वधीसाक्षिभूतम्  
भावातीतं त्रिगुणरहितं सदगुरुं तं नमामि ॥

Countersigned by Principal/Admin/V.P

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