

## SARASWATI VIDYALAYA

Salugara Bazar, Above Post Office, 3<sup>rd</sup> Floor, P.O- salugara P.S: Bhaktinagar, Dist: Jalpaiguri, W.B- 734008

E-mail Id : <u>vidyalaya\_saraswati@yahoo.com</u>
Website: <u>www.saraswatividyalaya.gov.in</u>

Admission No:	ADMISSION FORM
1.Candidate's Name:	
2. Mothers's Name:	
3.Father's Name:	
4.Date of Birth:	
5.Gender: Male [	Female
6.Category- SC	ST OBC General Others
7.Subject Code	
8.Subject	
9.Mother Toungue	
10. Identification Mark	
11. Guardian Name(if par	ents are not
alive)	
12.Guardian Occupation	

13.Present Address																												
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Full signature of the student's									Full signature of the guardian's																			

## [ TO BE FILLED BY THE OFFICE]

Master/Miss	.S/o , D/o	
Corresponding Address		
Registration into IAS/ IPSForm N	loSession	
Mb. NoE-mail ID	Exam Centre	
Payement(Debit card/Credit card/online) Rs	Draft NoAmoun	t
In Words Rupees		only.
	Signature with seal of HR-AD	M HEAD
Received the following Document:	SIGNATURE	
Registration card No		
Admit card No		

**Signature with Seal of Authority**