



Seven Days Smart Academy

Nawa - Mithari Road, Nawa, Dist. Didwana-Kuchamana (Raj.)

Mob. No. : 7014553305, 6375222130 e-mail : SDSANAWA@gmail.com

Admission Form

SR. No :-

Date :-/...../.....

Student Name (in Capital Letters).....

Date of Birth (in figures) Aadhar No

Date of Birth (in words)

Caste(Gen/SC/ST/SBC/OBC) Gender

Previous School

Applying for class

Parent's details	Father	Mother
Name		
Educational Qualification		
Occupation		
Designation (if in service)		
Name of Organization		
Office/Business Address		
Mobile No		
Office Timing		
Monthly Income		
Residential Address		
Mobile No (S)		
Email Address		

Parents Signature

Principal Signature

DECLARATION

- I give my consent to the school authorities for any emergency measures to be taken, in case of an emergency by Way of accident/injury/medical emergency, etc. with the belief, that I will be informed as soon as possible. I shall not hold the school **SEVEN DAYS SMART ACADEMY** responsible for any unexpected incident that may occur during any treatment, though necessary precautions are taken.
- I allow the school authorities to post the photographs or videos of my child taken in the school or outside the school for activities or trips on **SEVEN DAYS SMART ACADEMY** official pages on social networking sites/magazines/newspapers in the gallery of **SEVEN DAYS SMART ACADEMY** Website.
- I have read the rules, regulations and guidelines given by the **SEVEN DAYS SMART ACADEMY** and hereby agree and undertake to abide by all the policies of **SEVEN DAYS SMART ACADEMY**

I am aware that - Fees once paid is Non-refundable and Non-transferable under any circumstances.

- Admission in **SEVEN DAYS SMART ACADEMY** is Non-transferable
- I cannot transfer my child to any other branch of **SEVEN DAYS SMART ACADEMY** as they do not have any transfer policy

Verification: I father/Mother/Guardian of _____ hereby declare that the information given above is complete, true and correct to the best of my Knowledge.

Date/...../.....

Signature of parent's/Guardian: _____

Signatory Name : _____

Place _____