

## APPLICATION FORM FOR ADMISSION TO MODEL SENIOR SECONDARY SCHOOL FOR THE VISUALLY HANDICAPPED

1. **Name of the Applicant** :

2. **Gender** : Male  Female  Others

3. **Date of Birth** :  :  :

4. **Father's Name** :

5. **Mother's Name** :

6. **Name of Local Guardian** :

Contact No.

7. **Cause of Visual Impairment** :

8. **Father's Occupation** :

9. **Annual Income** :

10.. **Category** :

11. **Class for which admission is sought** :

12. **Last Class Passed** :

Name of the School	Date of Admission	Date of Leaving School/Reason	Class Passed

13. **Contact Details** : House No.& Street

Village / City  State

Phone No.

Mobile No.

Email Id

14. **Documents to be attached with admission form (Please Tick)**

Date of Birth Certificate	<input type="checkbox"/>	Income Certificate	<input type="checkbox"/>
Disability Certificate	<input type="checkbox"/>	Marksheets / Certificates of the	<input type="checkbox"/>
Category Certificate if any	<input type="checkbox"/>	last class passed	

15. I solemnly declare that I have read carefully the application form and prospectus. The information stated above in the application form is true and correct to the best of my knowledge & I Promise to abide the rules and regulations of the School.

**Upload Documents**

**Upload Photograph**

**Upload Signature**

**Place**

**Date**