

**Sri Sathya Sai Junior Boys Hostel**  
**Prasanthi Nilayam**

**ADMISSION FORM**

(To be filled in by the applicant in his own **legible** handwriting)

AFFIX YOUR  
PHOTO

1. Name:  (IN BLOCK LETTERS)	2. Class to which the student admitted  Class VIII or Class XI _____ (Group)									
3. Date of Birth:	Mother Tongue: _____ Blood Group: _____ Aadhar No.: _____									
4. Name of Parents  Father:  Mother:	Address:  State: _____ PIN: _____									
5. Occupation of Parents  Father:  Mother:	E .Mail ID:  Telephone Nos (Fill details overleaf)									
6. Annual income  Father:  Mother:	7. Local guardian (if any):  Name:  Mobile No.:									
8. Name of own Sister/Brother who are currently studying in Sri Sathya Sai Educational Institutions.	<table border="1"><thead><tr><th><u>Name(s)</u></th><th><u>Class</u></th><th><u>Institution</u></th></tr></thead><tbody><tr><td>1.</td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td></tr></tbody></table>	<u>Name(s)</u>	<u>Class</u>	<u>Institution</u>	1.			2.		
<u>Name(s)</u>	<u>Class</u>	<u>Institution</u>								
1.										
2.										
9. Previous School, attended	School's Name:  Place:									
10. Talents and Hobbies	(Give details overleaf)									
11. Medical history of the ward, if any.	( Give details overleaf)									

**DECLARATION**

Both my Parents and I, have gone through all the Rules and Regulations of the Hostel as provided. I agree to abide by all of them to the best of my ability and to adopt myself most satisfactorily into the Hostel.

**Signature of the Parent/Guardian**  
**Date:**

**Signature of the Student**

**Telephone contact Details:**

S.No	Mobile Number / Landline with STD Code	Relationship to student
1		
2		
3		
4		
5		
6		

The student will be allowed to call or receive calls only from the above numbers (whitelisted numbers). If you need to change any number in future you need to request Hostel office by mail (sssjbhostel@gmail.com).

**Talents & Hobbies:**

**Medical History:**

(Please make explicit mention if your ward requires special medical attention, medication etc). Advised to keep with your ward a copy of medical history record for follow up.