Reg.: Indian Trust Act, 1882 SI. No. 9744/D.No.668

Authorised Signature with seal

SHIKSHA SANKALP TRUST

Your Needs & our support

Sign. of Director/Principal with Seal

IGIMS Campus - A2/4, Shekhpura, Patna- 800014 Contact No. 91-8405018216, 91-9334007405

Email. Us on : info@sstgroups.org, support@sstgroups.org

SI. No.	REGISTRATION - FORM						Date:		
503.0353	Please Fill in block Letter's with Black ink.								
Name of School :									
Director's Name :	+++	+		+	++	++	+++	+	
Addar No. (if any)	+++	1							
Principal's Name :									
Complete Address of School	l :-								
Village	45		_	Ward No. P.O.					
P. S.	5		Dis						
State			Pin	Code					
Land Marks									
Mob.No.					- 1				
E-mail		1	20 %						
School Area:- Urban Rural									
Total Strength of Student at the time of registration									
NUR. LKG UKG STD1	STD2	STD3	STD4	STD5	STD6	STD7	STD.8	TOTAL	
	1		$\Gamma \setminus A$	100					
Fee Detail :- D.D./Cheque No Bank Name Date									
DECLARATION :- I hereby declare the			_	nished in t	his applicati				
my knowledge and belief that will follo	w the rule a	nd regulati	ons of SST.						
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Authorised Signature with seal					Sign. of Di	irector/Pri	ncipal w	ith Seal	
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