



SHIKSHA SANKALP TRUST

Your Needs & our support

IGIMS Campus - A2/4, Shekhpura, Patna- 800014

Contact No. 91-8405018216, 91-9334007405

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

REGISTRATION - FORM

Sl. No.

Date:

Please Fill in block Letter's with Black ink.

Name of School :	<input type="text"/>
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Director's Name :	<input type="text"/>
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Addar No. (if any)	<input type="text"/>
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Principal's Name :	<input type="text"/>
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Complete Address of School :-

Village	<input type="text"/>	Ward No.	<input type="text"/>	P.O.	<input type="text"/>
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P. S.	<input type="text"/>	Distt.	<input type="text"/>
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State	<input type="text"/>	Pin Code	<input type="text"/>
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Land Marks	<input type="text"/>
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Mob.No.	<input type="text"/>
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E-mail	<input type="text"/>
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School Area:-	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>
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Total Strength of Student at the time of registration

NUR.	LKG	UKG	STD.-1	STD.-2	STD.-3	STD.-4	STD.-5	STD.-6	STD.-7	STD.-8	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fee Detail :-

D.D./Cheque No.	<input type="text"/>	Bank Name	<input type="text"/>	Date	<input type="text"/>
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DECLARATION :- I hereby declare that the parti rulars informations fernished in this application form are correct to the best of my knowledge and belief that will follow the rule and regulations of SST.

Authorised Signature with seal

Sign. of Director/Principal with Seal



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Your school is going to registered with SST. SST will provide you a registration number after completing the process. Thank you to join us. Our education support will be continue after completion of registration process. For any support mail us on support@sstgroups.org. Please visit our website www.sstgroups.org for more details.

Authorised Signature with seal

Sign. of Director/Principal with Seal