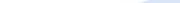


Sandipani Vidya Mandir

A TEMPLE OF KNOWLEDGE

REG NO.:.....

STUDENT FIRST NAME..... LAST NAME.....

MALE/FEMALE 

FATHER'S NAME OCCUPATION

MOTHER'S NAME..... OCCUPATION

RELIGION..... CASTE..... NATIONALITY.....

DOB/...../..... PLACE OF BIRTH.....

BLOOD GROUP

ADDRESS.....

EMAIL: ब्रह्मानन्द परमसखद केवल ज्ञानमर्तिम

PH NO _____ MOB NO _____

भावातीत त्रिगुणराहत सद्गुरु व नमाम ॥

PREVIOUS SCHOOL..... **CLASS.....**

DETAILS OF BROTHER AND SISTER:

1. NAME..... SCHOOL..... CLASS.....

2. NAME _____ SCHOOL _____ CLASS _____

IN CASE OF EMERGENCY

NAME:

ADDRESS:.....

PH.NO :

INDEMNITY BOND/FORM

I/Shri/Smt.....

Father/mother of.....

Class..... indemnity that I will not hold the school authorities responsible in case of any incidents, while travelling to and fro in school transport and also any injury caused during participation in games, sport, field trip, study tour and any other exercises organised by the school.

Further in case of any unforeseen accident at school, following things will be taken into consideration:

- 1) The student will be taken to the nearest hospital by the school authorities, parents will be contacted immediately.
- 2) Temporarily medication by the school can be given to the child.

PLACE: _____

DATE: _____

SIGNATURE

ब्रह्मानन्द परमसुखदं केवलं ज्ञानमूर्तिम्
हृन्द्वातीतं गगनसदृशं तत्त्वमस्यादिलक्ष्यम्।
एकं नित्यं विमलमचलं सर्वधीताक्षिभूतम्
भावातीतं त्रिगुणरहितं सदगुरुं तं नमामि ॥

Countersigned by Principal/Admin/V.P

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