



The Orion's School of Adventist Education

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FORM NO. :

<u>Annual Payment Mode</u>	<u>Office Use Only</u>	<u>House</u>	Affix Stamp-Size Current Photo
Payment Date	Academic Year.....	Red	
Online Tr. No	Admission No.....	Blue	
Cheque Ch No	Accepted/Refused	Yellow	
Cash.....		Green.....	

DAY SCHOLAR BOARDER Male Female Blood Group : Class :

TO BE FILLED IN BLOCK LETTERS ONLY

- Name of Student (In Block Letters) :
- Date of Birth : (in Words).....
- Aadhar Card No. :
- Caste : Category : ST SC BC OBC GC Religion:.....
- Father's Name (In Block Letters)..... Occupation.....
Mobile No. WhatsApp No.
- Mother's Name (In Block Letters)..... Occupation.....
Mobile No. WhatsApp No.
- Present Address : Village / Street..... P.O.....
P.S..... District..... Pin..... State.....
- Permanent Address : Village / Street..... P.O.....
P.S..... District..... Pin..... State.....
- Guardian's Name..... Occupation.....
Permanent Address : Village / Street..... P.O.....
P.S..... District..... Pin..... State.....
- Any Medical issues (If any kindly submit a detail report).....
- Class to which Admission sought.....
- Name of the previous School..... Class

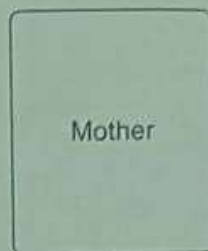
VISITOR'S INFORMATION (CURRENT PHOTO)



Father

Name _____

Relation _____



Mother

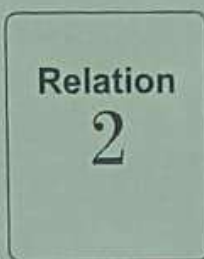
Name _____

Relation _____



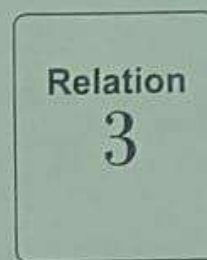
Relation

1



Relation

2



Relation

3

Name _____

Relation _____

Name _____

Relation _____

Name _____

Relation _____

Address :

Address :

Address :

Mobile No.

Mobile No.

Mobile No.

Signature

Signature

Signature

GUARDIAN'S / PARENT'S DECLARATION :

I hereby authenticate the above mentioned details are true to my knowledge and I permit the above personals to visit my ward/wards

Signature of Parents/Guardians

STUDENTS DECLARATION :

*Having understood the fact that studying in the The Orion's School of Adventist Education is a privilege. I
(Student Name) declare to abide by the above rules and regulations as well as those printed in the school prospectus and announced by the Principal.*

Signature of Parents/Guardians

Signature of Student

Principal

Business Manager