



The Orion's School of Adventist Education

Tikra Toli, P.O.-Piska Nagri, Ranchi-835303

(Jharkhand), Mobile : 7209350342 / 8002051399 / 8210779125

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FORM NO :

Annual Payment Mode	Office Use Only	House
Payment Date _____	Academic Year _____	Red _____
Online Tr. No _____	Admission No. _____	Blue _____
Cheque Ch No _____	Accepted/Refused _____	Yellow _____
Cash _____		Green _____

Affix
Stamp Size
Current Photo

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 _____

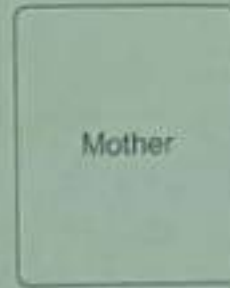
VISITOR'S INFORMATION (CURRENT PHOTO)



Father

Name _____

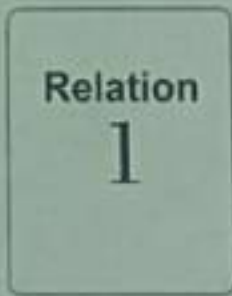
Relation _____



Mother

Name _____

Relation _____



Relation
1

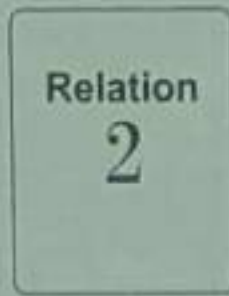
Name _____

Relation _____

Address :

Mobile No.

Signature



Relation
2

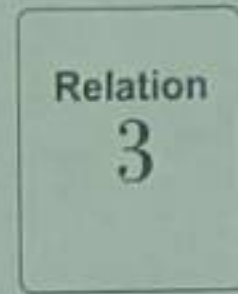
Name _____

Relation _____

Address :

Mobile No.

Signature



Relation
3

Name _____

Relation _____

Address :

Mobile No.

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