



Somaiya Vidyavihar

The Somaiya School



Registration Form

The Somaiya School,

Somaiya Vidyavihar

Vidyavihar-East

Mumbai-77



Linguistic minority Open Male Female

The duly filled-in Application form must reach the school office along with a non-refundable Registration fee of Rs. 1000/- by Demand Draft drawn in favor of "The Somaiya School" payable at Mumbai.

Online Registration No.....

DD NoDatedrawnonBank

I wish to register the name of my son/daughter/ward for admission to The Somaiya School

Student's Name _____
Surname First Name Middle Name Male Female

Class Desired _____ Date you would like to join
Day Month Year

Date of Birth Place of Birth _____
Day Month Year City State

Age: _____ Years _____ Months Nationality _____

Mother Tongue: _____ Religion: _____

Sibling: _____ Caste: _____

Twins: _____ Blood group: _____

Previous Schools/Pre-Schools	From	To	State/Country	System of Education

Special Health needs requirement No Yes

If, Yes", please give brief details and submit doctor's certification.

Father's/Guardians details	Mother's/Guardians details
Name:	Name:
Qualification:	Qualification:
Occupation:	Occupation:
Nationality:	Nationality:
Residential Address	Residential Address
Are you: Self-employed, Company, Expatriate, Professional, Other	Are you: Self-employed, Company, Expatriate, Professional, Other
Name of Organization	Name of Organization
Office Address	Office Address
Telephone (R): (O):	Telephone (R): (O):
Fax:	Fax:
Mobile:	Mobile:
E-mail:	E-mail:
Other interests the school could involve in	Other interests the school could involve in

To whom should correspondence be addressed _____

Correspondence address if different from above _____

_____ PIN

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We are permanent residents in India No Yes We are expatriate No Yes

	Brother's / Sister's Name	Date of Birth	Registered for TSS	Admitted to TSS (Class)	Studying Elsewhere (Name of School)
1					
2					

Signature _____ Full Name _____ Date ____/____/____

Relationship to Child _____

Marital Status (Married / Divorced / Separated / Widowed / Single person)

Please ensure to enclose the list of supporting documents

FOR OFFICE USE ONLY

Registration No. _____ Linguistic minority Open Male Female

Acknowledgment

Registration No. _____ Date: _____

We are in receipt of registration form.

*This is the receipt of form acceptance only.