



SANDIPANI ACADEMY

MAHESHWAR ROAD MANDLESHWAR DIST. KHARGONE (M.P.) 451221
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Scholastic Test for Admission and Reward – “STAR” 2019

REGISTRATION CUM DECLARATION FORM

CANDIDATE'S NAME	Paste Passport Size Colour Photograph
FATHER'S NAME	
DATE OF BIRTH	
ADDRESS	
MOBILE NO.	
FATHER'S OCCUPATION	
SCHOOL	
BOARD	(CBSE / M.P. BOARD)
ROLL NO. OF CLASS X	
RESULT OF CLASS IX	(PERCENTAGE)
EXPECTED RESULT OF CLASS X	(PERCENTAGE)
STREAM YOU WILL OPT IN XI	(MATHEMATICS/BIOLOGY/COMMERCE/HUMANITY)

DECLARATION

I _____, Son / Daughter of
Shri _____ age _____ years, resident of
_____ in the District of _____, M.P., do hereby
declare that the information given above is true to the best of my knowledge and belief and
nothing has been concealed therein. I know, if the information given by me is proved false /
not true at any point of time, the benefit availed of by me or the benefit accrued to me shall
be cancelled. I am agreed with all the terms and conditions of “STAR” 2019 and I know that
all rights are reserved by the school administration. I will accept all the decisions of the school
administration concerning to “STAR” 2019.

Father's/ Guardian's Sign

Candidate's Sign

Date:

Place: