

ADMISSION FORM



Resonance

+2 Sc. RESIDENTIAL HIGHER SECONDARY SCHOOL

(A Unique Gurukul for +2 Science Students)

1. 10th Board Details (As in Admit card)	Name of the Examination Board	Year of Appear	Roll Number	Affix your recent colour passport size photograph here	
2. Name of the School					
3. Applicant's Name (Full Name)					
4. Father's Name (Full Name)					
5. Father's Occupation					
6. Mother's Name (Full Name)					
7. Mother's Occupation					
8. Local Guardian's Name (Full Name & Cont. No.)	Mob :				
9. Personal Details	Blood Group	Sex(M/F)	Religion	Date of Birth	
10. Aadhar Number					
11. Address for Correspondence					
a. State	b. District	c. Block / ULB			
d. Details (Plot / Lane / Vill / PO / PS)	e. PIN Code				
f. Mob. No. of Father	Mob. No. of Mother				
12. Details of marks secured in 10th Test Examination					
Maximum Marks	Marks Secured	English	Mathematics	Science	Social Science
13. Stream Name	SCIENCE				
14. Subject :	Physics, Chemistry, Mathematics, Biology, IT, English, MIL (O,H,S,Alt. Eng)				

UNDERTAKING

- I hereby agree to abide by rules of Resonance Residential College, Cuttack. I also undertake that for any instance of indiscipline/disobedience & violation of the rules laid down by Government for any misconduct in the college that is not found satisfactory, my name will automatically be struck off from the college. I do hereby certify that the information furnished by me in this application is true and correct and I undertake that any wrong information furnished by me detected afterwards will be treated as cognizable offence.
- I agree to pay all College and Hostel dues at a time. In violation of this I shall pay fine (if any) imposed by the college.
- My son/daughter, Master/Miss has been admitted to college hostel. He/she will abide by the principles of hostel, pay the fees in the time and in case of any untoward happening during the staying, the college will not be held responsible.

Signature of Parents / Guardian

Date _____, Place _____

Full Signature of Applicant

Date _____, Place _____

Verifying Authority

Principal