

KOTA SAHODAYA COMPLEX

All CBSE affiliated schools of Kota (Raj.)

MEMBERSHIP FORM

1. Name of the school :

Address :

Phone : fax

E-mail

Website :

Year of establishment :

Level of School : Secondary/ Sr. Secondary

Faculties available : Science (Maths)/ Science (Bio)/ Commerce/ Humanities

Affiliation code : School code :

2. Name of Principal :

Address :

Phone : (O) (R) Mobile

Fax :e-mail

3. Name and address of the Director / Manager of the school :

(i)

Phone : (O) (R) Mobile

Fax :e-mail

We give our consent to be a member of Kota Sahodaya Schools Complex and shall fulfill all obligations, responsibilities whenever assigned. We will abide by all the rules and regulations Bye Laws of Kota Sahodaya Complex and will attend all the meetings and functions of Kota Sahodaya Complex.

We also declare that this school is not a member of any other Sahodaya Complex.

For office use

Signature
Manager

Signature
Principal

In the Core Committee meeting held on _____, the body has Accepted / Rejected the membership application of

(School Name)

w.o.f _____

President / Secretary

Date :