

SAHODAYA COMPLEX KOLHAPUR

APPLICATION FORM

1	NAME OF SCHOOL																		
2	NAME OF TRUST																		
3	SCHOOL AFFILIATION NO.																		
4	ADDRESS OF SCHOOL																		
5	CONTACT DETAILS																		
	LANDLINE NO.																		
	FAX NO																		
	MOBILE NO																		
	E-MAIL ID																		
6	NAME OF PRINCIPAL																		
7	PRINCIPALS CONTAC NO.																		
8	ESTABLISHMENT YEAR																		
9	CLASSES AVAILABLE UP TO																		
10	TOTAL STRENGTH																		
11	FACULTY STRENGTH																		
12	ANY PREVIOUS EXPERIENCE OF BEING MEMBER OF SAHODAYA																		
13	IF THE PRINCIPAL HAS WORKED AS RESOURCE PERSON FOR ANY CBSE TRAINING PROGRAMME																		
14	IF THE PRINCIPAL HAS GOT TRAINED FOR ANY PROGRAMME ORGANISED BY CBSE																		
15	TOTAL AREA OF SCHOOL																		
16	SPORTS FACILITY AVAILABLE																		
	CRICKET																		
	FOOTBALL																		
	VOLLEYBALL																		
	BASKETBALL																		
17	CAPACITY OF AUDITORIUM																		
18	PAYMENT DETAILS																		
	CASH																		
	DD / CHEQUE																		

SIGNATURE OF PRINCIPAL

FOR OFFICE USE ONLY

Date of receipt of the application form

date of issue of membership :

Application submitted by:

Signature of the President

Signature of the Secretary

Attachments: A copy of the letter of affiliation from the CBSE board