

DR. DVR'S SAINIK SCHOOL

Runs under THE INKOLLU PRANTEEYA VIDYA VYGNANIKA ABHIVRUDHI SANGHAM, INKOLLU INKOLLU, BAPATAL DIST, ANDHRA PRADESH-523167,9059140202, 9059160202, 9059273095

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Application Form for AISSEE 2026 Coaching

Stude	ent Details
•	Full Name of Student:
•	Date of Birth: Age:
•	Gender: □ Male □ Female □ Other
•	Class Studying in (2025–26):
•	School Name:
Parer	nt/Guardian Details
•	Father's Name:
•	Mother's Name:
•	Occupation:
•	Contact Number(s):
•	Email ID:
•	Address for Communication:
•	Ching Program Details Applying for: □ AISSEE 2026 (Class VI) □ AISSEE 2026 (Class IX)
	Preferred Batch Timing (if available):
Docu	ments to be Attached
1.	Copy of Birth Certificate
2.	Recent Passport Size Photograph (2 Nos.)
3.	School ID Card / Bonafide Certificate
4.	Address Proof (Aadhar / Ration Card)
	aration
l,	(Parent/Guardian), hereby declare that the information provided abo
is true	e to the best of my knowledge. I agree to abide by the rules and regulations of Dr. DVR's Sainik
Scho	ol, Inkollu.
Ciana	ture of Perent/Cuardian
	ture of Parent/Guardian:
Date:	