

BOARD OF OPEN SCHOOLING & SKILL EDUCATION

Established by the Govt. of Sikkim

Address: Near Indira Bypass, NH-10, Gangtok, East Sikkim-737102 | Ph: 03592-295335 E-mail: admission@bosse.ac.in | www.bosse.ac.in

ADMISSION FORM

INSTRUCTIONS

- 1. Please read the form carefully before filling it.
- 2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
- 3. Please keep a photocopy of the Form, before submitting, as a ready reference.
- 4. Incomplete Form will not be considered.

Affix latest Passport size Color Photograph

COURSE / PROGRAMME DETAILS:

Course Applied For: Secondary / Senior Secondary (Tick Mark and cross the other.)

Date of Application:										
PERSONAL INFORMATION (IN BLOCK LETTERS) DD MM YY 1. Gender (tick) Male Female Transgender Date of Birth										
2.	Name of Applicant									
3.	Father's Name									
4.	Mother's Name									
5.	Aadhar No.									
6.	E-mail Id									
7.	Marital Status	Married	Un-Ma	arried	Divorced	Widowed				
8.	Category SC	ST	ОВС	GEN	Minority		Specify			
9.	Nationality			Domicle	Sikkim	Other	Specify			
10.	Religion									
12.	Whether differently	abled Yes	No	If yes, s	specify					

CONTACT DETAILS

			Permanent A	Address (Don't Repeat Name)				
City			State		Pin Code			
ermane	int Mobile N	o. (On which all						
			Current Addres	s for Communication, if Differen	ıt .			
Parent/Guardian Name				Parent Occupation				
Parent/Guardian Contact no.								
ΕΤΛ	II S OE	LAST CL	ASS/EYAMINI	ATION PASSED*				
lass/E	xaminatio	on :		Marks :	Percentage (%) :			
lame (of School/	Board :						
ivisio	n :			Percentage (%) :				
	Choosen			• ()	Subject Code			
1	Language Su	bject						
2	Vocational S	ubject						
3	Other Subjec	ts:						
	(1)							
	(2) (3)							
Additiona	al Subjects (If	any)						
6								
7								
edium o	f Instruction	opted for: Engli	ish / Hindi / Nepali :					
			es/Marks Sheets should b					
			ourse and do not have any ne self certificate is attach		ach a self certificate of Literacy, saying that you l			
Mode o	f Payment	Date	Amount	Draft No./UTR NO.	Name of the Bank/Branch			
DD Onli	ine							
ECL	ARATIC	ON BY CA	ANDIDATE					
				all the informations furnished by r	me are correct.			
Candidate's Signature ————————————————————————————————————				——— Parent's /Guardian's Signa	— Parent's /Guardian's Signature ————————————————————————————————————			
Date				Place	Place			

FORMAT FOR SELF CERTIFICATE OF LITERACY

(To be filled in only by Applicants of Secondary Course)

I,	(Name),	Applicant for S	econdary Cou	rse at the			
BOSSE (Board of Open Schooling and	d Skill Education), certify	that I am litera	ite, I can read	and write			
(Medium of Instruct	ion).I understand that self	learning is impor	tant in the oper	n schooling			
system and I take the responsibility of m	y own studies. I am desiro	us of continuing r	ny education. I a	ım sending			
this application form to BOSSE for fulfilling	ng this desire of mine. I am	grateful to BOSS	E for giving me t	his second			
chance, this opportunity to continue my education.							
Date:	Signature of Applicant:_						
<u> </u>	olghaeare on tppheane						
Place:	Name of Applicant:						
Countersigned by Parent/Guardian's:							
Name of Parent/Guardian's							