

Little Flower Sahodaya, Gorakhpur

Application Form for New Members

Email: lfssahodayagkp@gmail.com www.littleflowersahodaya.com Mob.: 7007255090

1.	Name of School					
	with Complete A	ddress				
2.	School Affiliation	1 No				
3.	Level of School	Sec	condary		Senior Secondary	
4	Voor of Establish	t				
4.						
5.	Name of Trust/Society					
6.	6. Contact Details:-					
		I	Landline N	0		
		M	Iobile No.			•
		F	ax No.			
		E	-mail id			•
7.	Name of Principa	1				
8.	Contact No.				E-mail	•••••
9.	9. Total No. of Students		•••••			
10.	Total No. of staff	members				
11.	Total Area of scho	ool .				
12.	Sports Facilities A	vailable (g	give detail):-	-		
	(i)					
	(ii)					
	(iii)					
	(iv)					
	(v)					
	(vi)					
13.	Capacity of Audit	orium/Hall	with size			

14.	Was the school previously a member of any Sahodaya Yes No If yes give detail					
15.	Payment Details.:- Membership Fee & Annual Subscription Fee Rs. 10000/-					
	DD/Ch. No Dt					
	(DD/Ch. should be prepared in the name of Little Flower Sahodaya, Gorakhpur and DD should be payable at Gorakhpur.					
Dec	<u>claration</u>					
	 ☐ Our school will participate actively in the Sahodaya Inter School Activities/Competitions. ☐ The principal will himself/herself attend the meetings organised by Little Flower Sahodaya ☐ We will abide by the rules of Little Flower Sahodaya ☐ School will pay annual subscription fee regularly. 					
Sig	nature of Principal					
	Date					
	Place					
Sig	nature of Chairman/Manager					
	Date					
	Place					
***	*****************************					
	For office use only					
Dat	te of Receipt of Application Form					
Dat	te of confirmation of Membership					
1:	of President Sign of Secretary					

Sign. of President Little Flower Sahodaya Gorakhpur

Sign. of Secretary Little Flower Sahodaya Gorakhpur