



# Ludhiana Sahodaya Schools Complex

An organization of the CBSE Affiliated Schools

## Application Form for New Members

1. Name of School with Complete Address .....  
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2. School Affiliation No. ....
3. Level of School ☐ Secondary ☐ Senior Secondary
4. Year of Establishment .....
5. Name of Trust/Society .....
6. Contact Details (School):-
  - Landline No. ....
  - Mobile No. ....
  - Fax No. ....
  - E-mail id .....
7. Name of Principal .....  
Contact No. .... Email .....
8. Total No. of Students .....
9. Total No. of staff members .....
10. Total Area of school .....
11. Sports Facilities Available (give detail):-
  - (i) .....
  - (ii) .....
  - (iii) .....
  - (iv) .....
  - (v) .....
  - (vi) .....

12. Capacity of Auditorium/Hall with size .....

13. Was the school previously a member of any Sahodaya ☐ Yes ☐ No

If yes give detail

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14. Payment Details.:-

(i) Annual Membership Fee Rs. 5000/-

DD/Ch. No. .... Dt. ....

(DD/Ch. should be in favour of Sahodaya Schools Complex Ludhiana and DD should be payable at Ludhiana.)

### **Declaration**

- The school will participate actively in the Sahodaya Inter School Activities/Competitions.
- The Principal will himself/herself attend the meetings organised by LSSC.
- The School will abide by the rules of LSSC
- The School will pay annual Membership fee regularly.

Signature of Principal .....

Date .....

Place .....

Signature of Manager .....

Date .....

Place .....



- **For office use only**

Date of Receipt of Application Form .....

Date of confirmation of Membership .....

Membership Number Allotted .....

Signature of Director  
LSSC