FORM S02/UDISE+

FORMAT TO ADD A STUDENT (ONLY FOR CLASS-2 TO CLASS-12)

for a student whose profile was not yet created/missing in the UDISE+ SDMS

(For School records and submission to the Block/District Education Officer or Equivalent authority)

SUBMITTED BY

Current Academic Year: _____

UDISE Code: _____ School Name: _____

Head of the School (HoS) Contact Details: _____

State: _____ District: _____ Block: _____

Student Details

Name					
Gender		Date of Birth		Is CWSN?	
Class		Section		Admission Date	
Father's Name			Mother's Name		
Mobile Number			Guardian's Name (if applicable)		
AADHAAR Number			Name as per AADHAAR		

Reason of non-creation of Student profile in UDISE+ till date: _____

(1-Student Rejoining After Dropping Out, 2-Student Admitted from Unrecognized/Open School, 3-Profile Not Created by Current School in Previous Year, 4-Profile Not Created by Previous School in Previous Year, 5-Student from Other Country)

Tick Document(s) Attached:

☐ Copy of School Register/ Admission Register attested by HoS (for Verification of Enrolment, Student's Name, Gender and Date of Birth as per School Record) – ***MANDATORY DOCUMENT***

☐ Copy of Birth Certificate attested by HoS (for Date of Birth)

☐ Copy of Transfer Certificate/School Leaving Certificate (if applicable)

Undertaking by Head of the School (HoS)/Block Level Education Officer or Equivalent/District level Education officer or Equivalent

I hereby undertake that the information provided for creation of the student profile is correct and verified. I confirm that all applicable supporting documents, including School Records, Birth Certificate, and Transfer Certificate (where applicable) have been duly verified and attached. I further confirm that the student has been searched in the Global Search module of UDISE+ Student Module and no existing profile was found.

I shall be responsible for the correctness and authenticity of the information and documents submitted.

Head of the School Details

☐ I have read and agree to the above undertaking

Signature:

Name:

Designation:

Date:

Seal:

Block Education Officer of Equivalent

☐ I have read and agree to the above undertaking

Signature:

Name:

Designation:

Date:

Seal:

District Education Officer or Equivalent

☐ I have read and agree to the above undertaking

Signature:

Name:

Designation:

Date:

Seal: