

FORM S02/UDISE

Format to ADD Student (only for Class-2 to Class-12)

Only for students whose profile was not created/missing in the UDISE+ SDMS

(to be Submitted to Block/District Education Officer or Equivalent)

Submitted By (Current/Present School)

Academic Year: 2026-27

UDISE State: ASSAM

District: CHARAIDEO

Block: SONARI

UDISE Code: 18290520906

School Name: GORCHARIALI H.S.SCHOOL

School Contact Number: 6901506316

S.No	Basic Details	Admission Details	Parents/Guardian details	Contact details	Student's AADHAAR Details	Why was this student not added in the Previous Academic Year?
1	Name: DEBIKA MUNDA Gender: Female Date of Birth: 21-08-2012 Is CWSN: No	Class: Class 9 Section: A Admission Date: 01-04-2026	Mother's Name: HUNMAI MUNDA Father's Name: ATUWA MUNDA Guardian's Name: N/A	Mobile number: 9678558145 Alternate number: 8011346858	AADHAAR number: 663239059778 Name as per AADHAAR: DEBIKA MUNDA	Student Admitted from Unrecognized/Open School
2	Name: DIPIKA GAMANG Gender: Female Date of Birth: 19-12-2011 Is CWSN: No	Class: Class 9 Section: A Admission Date: 01-04-2026	Mother's Name: RUPA GAMANG Father's Name: JISAYO GAMANG Guardian's Name: N/A	Mobile number: 8135034467 Alternate number: N/A	AADHAAR number: 580807186125 Name as per AADHAAR: DIPIKA GAMANG	Student Admitted from Unrecognized/Open School
3	Name: ISHANI GOGOI Gender: Female Date of Birth: 04-06-2014 Is CWSN: No	Class: Class 6 Section: A Admission Date: 01-04-2026	Mother's Name: PAPORI BORUAH GOGOI Father's Name: KUSHADHAR GOGOI Guardian's Name: N/A	Mobile number: 9954379534 Alternate number: N/A	AADHAAR number: 356942067085 Name as per AADHAAR: ISHANI GOGOI	Student Admitted from Unrecognized/Open School
4	Name: TRISHNA TELI Gender: Female Date of Birth: 27-08-2015 Is CWSN: No	Class: Class 6 Section: A Admission Date: 01-04-2026	Mother's Name: RITAMONI TELI Father's Name: RAJEN TELI Guardian's Name: N/A	Mobile number: 9957325150 Alternate number: N/A	AADHAAR number: 489103735010 Name as per AADHAAR: TRISHNA TELI	Student Admitted from Unrecognized/Open School

Head of the School Details

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal: _____

State/District/Block level Education Officer or Equivalent Details

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal: _____