

SAINIK SCHOOL CHITTORGARH**AISSEE 2026 - OFFLINE COUNSELLING****LIST FOR ADMISSION AT SAINIK SCHOOL CHITTORGARH****ON 05 JUN 2026****CLASS VI (BOYS)****HOME STATE DEFENCE****Total Seats: 02**

Ser	Roll No	Name	Remarks
1	3904016103	KANISHK KUMAR SAIN	
2	3904026073	ISHANT KUMAR	

WAITING LIST

Ser	Roll No	Name	Remarks
1	3905016280	LOKESH	
2	1212016103	DEVAANSH SINGH RATHORE	
3	3906026515	SANDEEP GODARA	
4	3905036339	DIPANSHU YADAV	
5	3905026076	HARSH DEHRU	
6	3905016577	RIYANSH CHOUDHARY	

OTHER STATE UNRESERVED**Total Seats: 05**

Ser	Roll No	Name	Remarks
1	3005016052	KHUSHAL AGRAWAL	MADHYA PRADESH
2	4411016170	HRADYANSH	UTTAR PRADESH
3	1507016313	ADARSH RAJ	BIHAR
4	5001016074	DEVANSH KUMAR	UTTAR PRADESH
5	1506016453	MD SARIQUE	BIHAR

WAITING LIST

Ser	Roll No	Name	Remarks
1	3905036282	BANSH RAJPUT	MADHYA PRADESH
2	2303096170	HEMRAJ SINGH	UTTAR PRADESH
3	3002046146	MOHAN SINGH GURJAR	MADHYA PRADESH
4	1511016361	KUMAR VIVAN	BIHAR
5	1509026371	RITVIK SINGH	BIHAR
7	4505016167	VIYAAN MAINDOLA	UTTARAKHAND
8	1506026175	AASHUTOSH KUMAR	BIHAR
9	3002026017	SHIVANG SHARMA	MADHYA PRADESH
10	1504016314	SAHID ALI	BIHAR
11	4413016476	AARAV	UTTAR PRADESH
12	1509036200	SHIVAM KUMAR	BIHAR
13	2202016052	VEKARIYA KARAN NIRAVBHAI	GUJARAT
14	2201016333	RAJPUROHIT HARSHIT RAMESH	GUJARAT
15	2604016140	SUMAN KUMAR	BIHAR

Note :

- Candidates are requested to forward their willingness/unwillingness for admission in Sainik School Chittorgarh by **06 Jun 2026, 1800 h** on email id **sschittorgarh@sainikschoolsociety.in** as per the format attached. **No representation will be entertained thereafter and the seat shall be allotted to the candidate next in merit.**
- The candidates who submit their willingness shall be forwarded a separate email for further action and are required to report at Shri Sanwaliya ji Govt Hospital, Chittorgarh at **0800 h on 08 Jun 2026** for Medical Examination (**if medical examination not conducted previously**). If medical examination has already conducted, the candidate is required to report directly for document verification at **Sainik School Chittorgarh**.
- The candidates are required to bring following documents for document verification and admission process :-
 - Medical fitness documents
 - Date of Birth Certificate
 - Domicile Certificate
 - Caste Certificate (if applicable)
 - Admit Card issued by NTA
 - Score Card issued by NTA
 - Provisional Seat allotment letter issued by AISSAC portal
 - Aadhar Card of candidate and parents
 - Study Certificate including **Permanent Education number and APAAR ID**
 - Income Certificate
 - Certificate of Service / PPO (Service/ Ex serviceman)
 - Fees through **Demand Draft** in favour of the Principal, Sainik School Chittorgarh, payable at Chittorgarh **OR** through **Online Mode**, for the General Category: **₹ 1,98,840** and for the SC/ST Category: **₹ 1,97,340**.

4. **State quota of 25% seats for Boys** have been considered while preparing the merit list in respect of student of other states.
5. Appearance of name in merit list does not guarantee admission. Admission in Sainik School is subject to Medical Fitness of the candidate and submission of relevant documents, school fee etc. within the prescribed time. Failing to do so, the candidature of the candidate will be liable to be rejected.
6. For further details please contact at School's landline number **01472-295322**.

Principal

CERTIFICATE OF UNDERTAKING
WILLINGNESS / UNWILLINGNESS BY CANDIDATE FOR ADMISISON IN OFFLINE
COUNSELLING

1. I, (candidate name)_____s/o / d/o _____having
AISSEE-2026 application no._____, is (willing / unwilling) to take
admission in _____(school name) in Class VI for AY 2026-27.

2. Since, I am willing to join (school name)_____, I also
hereby declare that, I have not given my willingness for any other Sainik School / New Sainik
School and **this** (school name)_____ **is my final choice.** I
understand that, I would **no** longer be able to apply for any other Sainik School / New Sainik
School in AY 2026-27.

(Please strike off para 2, in case of unwilling candidate)

(Signature of Candidate)

Date: _____

Place : _____

(Signature of Parent / Guardian)

Date : _____