



SRI ADICHUNCHANAGIRI MAHASAMSTHANA MUTT

BGS

VOKKALIGARA SANGHA SCHOOL (CBSE SYLLABUS)

K.M. Road, Mudigere-577132, Chikmagalur District, Karnataka State

Admission Year - 20

APPLICATION FOR ADMISSION

Application From No. :

1	1. Name of the Student			_				Adm	ission N	(o. t		
	2. Class			3. Se		dale	Fema	le				Ī
	4. Date of Birth											
	5. Place of Birth	Place :		Taluk :		D	istrict				Affix a Recently Taken Passport Size Colour	
	6. Nationality	7. Relig	ion :		8. (Caste 8	& Cate	gory :			Photograph.	
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	-	Chri	istian	Others		IIB	IIIA	IIIB	GM			
	DETAILS OF PARENTS		FA	THER		-		75	-65	MOT	HER	
	9. Name											
	10. Educational Qualifications										The second	
	11. Occupation											
	12. Residential Address		13. Father	's Business /	Offic	e Addr	ess	14. A	ddress	for Co	ommunication /Guardian Address	5
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	15. Rural/Urban :	16. Annual Income :						17. Mother Tongue :				
		19. Aadhar Card No. :										
	18. Blood Group :											
	20. Class & School Studied La	st Year :										
	CHECK LIST											
	* Birth Certificate				* Tra	insfer	Certifi	cate				
	* 3 Copies Passport Photo				• La	st Year	Progr	ess Re	port [
	Note: Submit photocopy											

Parent/Guardian of the following fully:		TION BY PARENT/GUARDIAN
the following fully: a) I certify that the above information is correct and affirm that I will abide by the rules and regulations set by the School which is clearly mentioned in the School Prospectus & School Dlary: b) I Have no objection to help my ward to get counseling support. c) In case of any accident or illness, the School Authorities may take the child to the Hospital/Nursing Home as per the condition of the child. d) I will not hold the school authorities responsible for injuries/something unpleasant happening, if any to my ward. e) I will not hold the school authorities responsible should my ward breaks bounds and abscond from the school and fall into any danger as a consequence. f) The documents submitted with this form as mentioned in the checklist of my child/ward are authentic originals or true copies of the documents. g) Thereby state and declare that should I or my child/ward nor fulfill any one of the above conditions fully or partially or have furnished false documents or incorrect information, then school authorities may advise me to take away the TC of the ward. PARCE Signature of the Student Signature of the Parents/Guardian FOR OFFICE USE ONLY 1. Admission No.: 2. Date of Admission: 3. Hosteller or Day Student: 5. T.C. Details: 6. Remarks: 7. Any specific information about the students' health condition: Date:	1	Parent/Guardian of
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