|| Jai Sri Gurudev ||

SRI ADICHUNCHANAGIRI MAHASAMSTHANA MUTT

BGS

VOKKALIGARA SANGHA SCHOOL (CBSE SYLLABUS)

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

96

Admission Year - 20 / 20

APPLICATION FOR ADMISSION

Application From No. :

1. Name of the Student		Admission No. :	Affix a Recently Taken Passport Size Colour Photograph
2. Class		3. Sex Male ☐ Female ☐	
4. Date of Birth			
5. Place of Birth	Place : Taluk : District :		
6. Nationality	7. Religion :	8. Caste & Category :	
	☐ Hindu ☐ Muslim ☐ Christian ☐ Others	SC ST IA IIA IIB IIIA IIIB GM	

DETAILS OF PARENTS	FATHER	MOTHER
9. Name		
10. Educational Qualifications		
11. Occupation		

12. Residential Address	13. Father's Business / Office Address	14. Address for Communication /Guardian Address
Telephone : Mobile : e-mail :	Telephone : Mobile : e-mail :	Telephone : Mobile : e-mail :
15. Rural/Urban :	16. Annual Income :	17. Mother Tongue :
18. Blood Group :	19. Aadhar Card No. :	
20. Class & School Studied Last Year :		

CHECK LIST

* Birth Certificate ☐	* Transfer Certificate ☐
* 3 Copies Passport Photo ☐	* Last Year Progress Report ☐

Note : Submit photocopy

DECLARATION BY PARENT/GUARDIAN

I ..... Parent/Guardian of ..... do hereby understand and accept 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 Diary.

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) I hereby state and declare that should I or my child/ward not 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.

Date :

Place :

Signature of the Studen:

Signature of the Parents/Guardian

FOR OFFICE USE ONLY

1. Admission No. :	2. Date of Admission :
3. Hosteller or Day Student :	4. Class Admitted To :
5. T.C. Details :	6. Remarks :
7. Any specific information about the students' health condition :	

Date :

Signature of the Clerk

Signature of the Head of the Institution