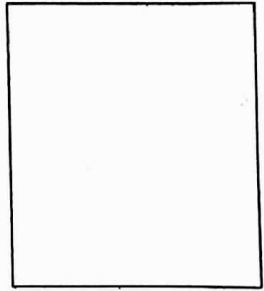




VISHWAKOSHĀ GURUKULĀ

The Universal Library

Sry. No. 10/3E, Kommaghatta, Kengeri (H&P), Bengaluru-560060
Ph:080-22776677, 9480476677
www.vishwakosha.in



APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS ONLY)

CLASS APPLIED FOR:	<input type="text"/>	DATE:	<input type="text"/>
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NAME OF THE PUPIL:	<input type="text"/>								
DATE OF BIRTH :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BOY:	<input type="text"/>	GIRL:	<input type="text"/>
PLACE OF BIRTH :	<input type="text"/>			RELIGION:	<input type="text"/>				
NATIONALITY :	<input type="text"/>			CASTE:	<input type="text"/>				
MOTHER TONGUE :	<input type="text"/>			AADHAAR NO :	<input type="text"/>				

DETAILS OF PARENTS

FATHER'S		MOTHER'S	
NAME:	<input type="text"/>	NAME:	<input type="text"/>
OCCUPATION :	<input type="text"/>	OCCUPATION :	<input type="text"/>
CASTE :	<input type="text"/>	CASTE:	<input type="text"/>
AADHAAR NO :	<input type="text"/>	AADHAAR NO :	<input type="text"/>
MONTHLY INCOME:	<input type="text"/>	MONTHLY INCOME:	<input type="text"/>
MOBILE NUMBER: +91	<input type="text"/>	MOBILE NUMBER: +91	<input type="text"/>
E-MAIL:	<input type="text"/>	E-MAIL:	<input type="text"/>
BANK NAME:	<input type="text"/>	BANK NAME:	<input type="text"/>
A/C NO.:	<input type="text"/>	A/C NO.:	<input type="text"/>
BANK IFSC CODE:	<input type="text"/>	BANK IFSC CODE:	<input type="text"/>

ADDRESS:	<input type="text"/>				
<input type="text"/>					
PINCODE :	<input type="text"/>	DISTRICT	<input type="text"/>	TALUK :	<input type="text"/>
CITY/VILLAGE/TOWN :	<input type="text"/>	LOCALITY :	<input type="text"/>		

DETAILS OF GUARDIAN

NAME: RELATION WITH PUPIL:
ADDRESS:
 PIN:

SOCIAL CATEGORY : GENERAL OBC SC ST
BELONG TO BPL : YES NO
BPL CARD NO. :

MEDICAL HISTORY OF STUDENT

BLOOD GROUP: VACCINATION TAKEN:

DISABILITY CHILD

NOT APPLICABLE	<input type="checkbox"/>	AUTISM	<input type="checkbox"/>	PHYSICALLY HANDICAPPER	<input type="checkbox"/>
HEARING IMPAIRMENT	<input type="checkbox"/>	LEARNING DISABILITY	<input type="checkbox"/>	LOCO MOTOR IMPAIRMENT	<input type="checkbox"/>
MENTAL RETARDATION	<input type="checkbox"/>	MULTIPLE DISABILITY	<input type="checkbox"/>	SPEECH IMPAIRMENT	<input type="checkbox"/>
VISUAL IMPAIRMENT (BLINDNESS)	<input type="checkbox"/>	VISUAL IMPAIRMENT (LOW-VISION)	<input type="checkbox"/>	CEREBRAL PALSY	<input type="checkbox"/>

PREVIOUS SCHOOL DETAILS

NAME AND ADDRESS OF THE SCHOOL:

DETAILS OF MARKS OBTAINED IN PREVIOUS CLASS

SL. NO.	SUBJECTS	MARKS 100	MARKS SCORED	SL. NO.	SUBJECTS	MARKS 100	MARKS SCORED	EXCELLENT IN
1.				6.				
2.				7.				
3.				8.				
4.				9.				
5.				10.				

ADMISSION PROCEDURE

- The completed admission form along with the copies of birth and health certificates, 5 passport size and the registration fee (non-refundable) must be submitted to the school office.
- Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission/enrolment must be confirmed and all dues paid within 3 days of date of offer.
- After the admission form has been processed, a date is given for applicant's assessment.
- If, within three days, enrolment is not confirmed, the child's place is offered to another candidate.

DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

DATE: _____

SIGNATURE OF PARENT / GUARDIAN

SIGNATOR'S RELATION WITH CHILD

SIGNATORY'S NAME

.....

.....

FOR OFFICE USE ONLY

FORM CHECKED BY:

BIRTH CERTIFICATE PROVIDED		
PHOTOGRAPH'S PROVIDED		
SCHOOL LEAVING CERTIFICATE		
WRITTEN TEST		

REGISTRATION FEE DETAILS:

AMOUNT PAID ON:	CASH		CHEQUE		
CHEQUE NO.					
ADMISSION FEE:					
TUITION FEE:					
TOTAL AMOUNT IN RS.:					

ACCEPTED/REJECTED:

REASON FOR REJECTION:

SIGNATURE OF INTERVIEWER

SIGNATURE OF HEAD OF SCHOOL