



# VIDHYA BHAVAN SCHOOL

Navagraha Colony, Golpaharia, Gwalior, M.P. DISE 23040504430

Photograph

No. **ADMISSION FORM** Scholar No.:

## CANDIDATE'S PROFILE

1 STUDENT'S NAME (CAPITAL LETTERS). :

2 FATHER'S NAME (CAPITAL LETTERS). :

3 MOTHER'S NAME (CAPITAL LETTERS). :

4 ADDRESS

(PRESENT) :

(PERMANENT) :

5 Date Of Birth(DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth :

( in words) :

6 Birth Certificate No. & Date :

7 Weight : Height :

8 Blood Group: Mother Tongue:

9 Ration Card No. Ward No. : Ration Card Category APL / BPL

10 SSSMID : Family ID:

11 BPL Card No. & Date

12 Category (Gen/SC/ST/OBC) \_\_\_\_\_

13 Caste Certificate No. & Date Caste:

14 Aadhar : Enrollment:

15 School Previously Attended :

16 Last Class Passed & Year of passing :

17 Brothers & Sisters (Other than self) : Brothers: Sisters :

18 Bank : Branch:

A/C No.: : IFSC :

19 CWSN Certificate No. :

20 Admission sought in class : Medium :

### Parent's and Guardian's Information

Father's Name	:		
Qualification	:	Occupation	:
Telephone/Mobile	:	Annual Income:	
Mother's Name	:		
Qualification	:	Occupation	:
Telephone/Mobile	:	Annual Income:	
Guardian's Name	:	Relation	:
Address:			
			Contact No :

### Miscellaneous

Height :	Weight :	Blood Group :
Mention if child suffers from some illness	:	
<b>Other specific information about child</b>	:	

### Declaration by Parent/Guardian

I \_\_\_\_\_ hereby declare that information furnished by me in respect of my child is true and correct in all respects and that I would not demand any change in it later on. I also declare that my child is free from all contagious diseases. I will abide by the rules and regulations of the school.

\_\_\_\_\_  
(Name of Parent)

\_\_\_\_\_  
(Signature)

Date :

### To be filled in by the Office for record only

Application Accepted / Rejected		Class to which admitted	
Date of Admission		Remarks	
_____ Signature of office in charge		_____ Signature of Principal	