



[Wherever not applicable, please fill in as NIL]

1. Class to which admission is sought *	Pre-Primary 1 ▼
2. Name of the student *	<input type="text"/>
3. Age *	[Years] - [Months] - [Days] (As on 1st April 2018)
4. Date of Birth: *	Day ▼ - Month ▼ - Year ▼
5. Sex *	Male ▼
6. Blood Group *	- ▼
7. Nationality *	<input type="text"/>
8. Aadhaar Card Number (if recieved)	<input type="text"/>
9. Category *	<input type="radio"/> Backward <input type="radio"/> Most Backward <input type="radio"/> Scheduled Caste <input type="radio"/> Scheduled Tribe <input type="radio"/> Others
10. State to which the applicant belongs *	<input type="text"/>
11. (a) Name of the Father / Guardian *	<input type="text"/>
Qualification *	<input type="text"/>
College Attended *	<input type="text"/>
Occupation *	<input type="text"/>
Income *	<input type="text"/> Per Annum (eg : 120000)
Mother Tongue *	<input type="text"/>
(b) Name of the Mother *	<input type="text"/>
Qualification	<input type="text"/>
College Attended	<input type="text"/>
Occupation	<input type="text"/>
Income	<input type="text"/> Per Annum (eg : 120000)
Mother Tongue *	<input type="text"/>
12. Relationship to Guardian	<input type="radio"/> Relative <input type="radio"/> Step son / Step daughter <input type="radio"/> Adopted
13. Name of the Brother / Sister studying in our School (mention the class)	<input type="text"/>
14. Address and Phone No.	

Residence *		Office (Father / Guardian) *		Office (Mother)	
<input type="text" value="dfd"/>		<input type="text"/>		<input type="text"/>	
Locality: *	<input type="text"/>	Phone: *	<input type="text"/>	Phone:	<input type="text"/>
City: *	<input type="text"/>	Mail ID: *	<input type="text"/>	Mail ID:	<input type="text"/>
Pincode: *	<input type="text"/>				
Phone: *	<input type="text"/>				
Mail ID:	<input type="text"/>				
(This will be used for further communication)					

15. Please furnish a note on: a) Any exceptional health condition of your child that the school should be aware of: *	
b) We would also appreciate any further instruction that will help us to render any special assistance that your child may require.	
16. Why have you opted to apply to Arsha Vidya Mandir for admission? *	
17. If selected, will the mother accompany the child to the school for the initial period of 6 to 8 weeks *	<input type="radio"/> Yes <input type="radio"/> No

Documents required to be scanned and attached (max. of 1.5 MB size each).
 Supported file types are .jpg, .gif, .png, .bmp, .doc, .docx, .xls, .xlsx and pdf. (Originals to be produced when called for interaction.)

Attested copy of Birth Certificate *	<input type="button" value="Choose File"/> No file chosen
Attested copy of Proof of Residence * (Passport, Ration Card, Telephone bill, E.B. Bill etc.).	<input type="button" value="Choose File"/> No file chosen

DECLARATION:

I will fully cooperate with the school to fulfil all its educational objectives for my child and be available to do so.

I solemnly declare that what has been documented above is true to the best of my knowledge and belief.

* (Name of the Mother/Father/Guardian)

Security Code *



I cannot read this. Please generate a [New image](#)

Rules:

1. Application which does not give all the required information sought will not be considered.
2. Signature of a guardian will be accepted only with a written authorization by the parent, if they are alive (or) if guardian has been legally approved by a competent court.
3. In case, you withdraw your child in the Term I, full fees for the academic year have to be paid.
4. Both the parents are to be present at the time of interaction.
5. Admission will be only confirmed after all formalities are completed.