



SRI RAJESHWARI VIDYANIKETAN

(Affiliated to CBSE No.830009)

HULKOTI – 582205 GADAG DIST. (KARNATAKA)

Tel.: 08372-289457 / 289057

Website : www.srvhulkoti.in Email: srv_hulkoti@yahoo.com

Sr.No..... School Code : 45018 Affl.No.830009 School Dis No.29080603307

ADMISSION FORM

Residential / Day Scholars

Photograph of the
student with
mother/Father
Jointly

Class in which admission is sought for..... Session..... SATS No.....

1. (a) Full name of the Child (in capital letters)

(b) Aadhar Card No.....

(c) Sex : Male Female (d) Place of Birth:.....

2. Date of Birth : Day Month Year

In Words.....

Age of the student as on 1st June: Year Month Day

3. Blood Group of the Child.....

4. Do you belong to Gen./SC/ST/OBC/EWS/Disabled/S.G. Child attach certificate if applicable

Gen.Cat. SC ST OBC EWS Disabled SG.Child

(i) Nationality (ii) Religion

(iii) Caste..... (iv) Minority

(v) Caste Certificate No.& Date.....

(vi) Bhgyalaxmi Bond No.....

5. Details of parents :-

Details of Mother / Father	Mother with Aadhar Card No.	Father with Aadhar Card No.
(i) Name (in capital letters)		
(ii) Nationality / Occupation		
(iii) Name of the office & full address with Telephone No. / Mobile No. / Email ID:		
(iv) Full residential address with Tele No./ Mobile No. / Email ID:		
(v) Permanent Address		
(vi) Annual Income		

6. Name & Address of local guardian (if any):.....

7. Name & Address of the previous school with Class
.....2..
8. No. & date of T.C. issued by previous school with status of result:.....
9. Whether previous school was affiliated with CBSE:(Yes/No).....
10. If, the previous school was not affiliated with CBSE, specify name of the Board.....
11. Result of previous examination:..... (b) Percentage
12. Subjects proposed to offer: 1..... 2.....
3..... 4..... 5..... 6.....
13. Whether school has the approval of the Board to offer these subjects.....
14. Whether the transfer certificate is attached : YES/NO
15. Mother Tongue: / Home town.....
16. Disability Child: Not Applicable Autism Physically Handicapped Hearing Impairment Learning Disability
 Locomotor impairment Mental Retardation Multiple Disability Speech Impairment Visual Impairment
 Visual Impairment (Blindness) Cerebral Palsy (Low-vision)
17. Special Category : None Destitute HIV Case Orphans Others (Please specify)
18. Student / Parent's Bank Name and A/c No.:.....
Bank IFSC Code: Bank Name :

DECLARATION BY THE PARENTS

I.....the parent/guardian of..... Declare that I have gone through the rules and regulations of the school and agree that I will not hold the school responsible for any untoward accidents that might take place involving my ward and will not put in any kind of compensation claim for such mishaps. The school will not be liable for any damages/ charges on account of loss of life or injuries which might be sustained by him/her while taking part in sports, swimming, trekking, nature camp, extra-curricular or any other form of activities of the school reserves the right to send my ward home, without informing me, if his/her stay in the campus may precipitate situations detrimental to the cordial atmosphere in the campus. If my ward violates any of the school rules and regulations and the school authorities deem it necessary, I shall withdraw my ward from the school.

I hereby declare that the above information furnished by me is correct to the best of my knowledge and belief, if any information or document supplied by me found to be incorrect, I will be responsible for the same.

I shall abide by the rules of the Vidyalaya.

Date:.....

Signature of the Parent/Guardian.....

FOR THE OFFICE USE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

.....
Admission Incharge

2. Please admit to Class..... Section after checking the relevant papers and realise the dues.

Date:.....

PRINCIPAL

Admitted to Class..... Section..... Fee Receipt No..... Dated Issued.

Details of amount received :

Admission Fee	:
Tuition Fee	:
Any other fee	:
Computer Fee	:
Total	:

Name has been entered in the Class Attendance Register () Yes No

Certified that all the entries have been made in the Scholar's Register and the dues have been received.

Registration No. of the student in Admission Withdrawal Register is Vol.....

Date:.....

Officer Supdt./ Registrar

Admission considered by the school is in accordance with the provisions of the Board & approved.

Date :.....

Sign. of Principal / Official Seal