



# Shri Vidya Niketan English Medium Higher Primary School

**State Board and CBSE affiliated to New Delhi**

(Recognised by Govt. of Karnataka)

724/9, Sy. No. 9, Bilisivale Village, Dodda Gubbi Post, Bangalore - 562149

Phone : 080 - 65659041, 65659042, 32986197. Mobile : 94480 82885

School Web - <http://www.svncs.com>, E-mail, [principal@svncs.com](mailto:principal@svncs.com),

[shrividyaniketan@yahoo.com](mailto:shrividyaniketan@yahoo.com)

FORM No.....

Admission Class.....

Please read the instructions carefully before filling the form. Application form incomplete in any respect or without any document called for, will not qualify for registration. Note: Fill up the details in Block Letters as per Transfer Certificate. Pay Rs. 25 along with the Application.

NAME..... Sex.....

FATHER .....

MOTHER .....

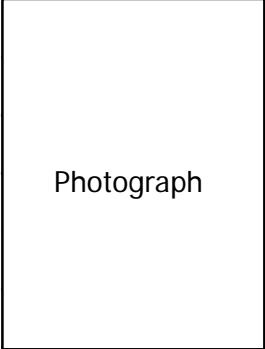
OCCUPATION OF FATHER .....

EDUCATIONAL QUALIFICATION.....ANNUAL INCOME .....

NATIONALITY.....RELIGION.....CASTE .....

DATE OF BIRTH.....IN WORDS .....

MOTHER TONGUE.....MEDIUM OPTION .....



STD.:	NURSERY	L.K.G	U.K.G	1 Std.	2 Std.	3 Std.	4 Std.	5 Std.	6 Std.	7 Std.
-------	---------	-------	-------	--------	--------	--------	--------	--------	--------	--------

☐ (Tick the Box)

JOINING CLASS.....

LAST STUDIED SCHOOL .....

ATTACHED TRANSFER CERTIFICATE .....

LOCAL GUARDIAN /Parents TO BE CONTACTED NAME AND ADDRESS:  
.....  
.....  
.....

TEL.....MOBILE NO.....E-MAIL ID .....

STUDENT'S PERSONAL IDENTIFICATION MARK .....

GENERAL HEALTH.....PHYSICAL DEFICIENCY .....

**UNDERTAKING BY THE PARENT / GUARDIAN**

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED HEREIN ARE CORRECT AND IF MY CHILD IS ADMITTED I SHALL BE RESPONSIBLE FOR PAYMENT OF ALL FEES DUE TO THE SCHOOL ON HIS/HER ACCOUNT. FOR REGULAR ATTENDANCE, PROGRESS IN STUDIES AND GOOD CONDUCT. I SHALL CO-OPERATE WITH THE SCHOOL AUTHORITIES IN MATTERS OF DISCIPLINE AND IN ANY OTHER MANNER IN WHICH MAY BE CALLED UPON TO HELP

PLACE.....

DATE.....

SIG. OF PARENT / GUARDIAN

**TO BE FILLED IN BY THE OFFICE**

FORM NO.....DATE OF ADMISSION .....

NAME.....CLASS .....

ADMISSION .NO.....FEES RECEIPT NO .....

SIGNATURE OF THE HEAD OF THE INSTITUTION