



Shri Vidya Niketan English Medium High School

(Recognised by Govt. of Karnataka)

724/9, Sy. No. 9, Bilisivale Village, Dodda Gubbi Post, Biddarahalli, Hobali, Bangalore - 562149 (between Bilisivale to Dooda Gubbi Road)

Phone : 080-65659041, 65659042, 32986197, 25469820, 9449826597, 9448082885, shrividyaniketan@yahoo.com
School Web, <http://www.svnsc.com>, E-mail. principal@svnsc.com

APPLICATION FORM

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.....

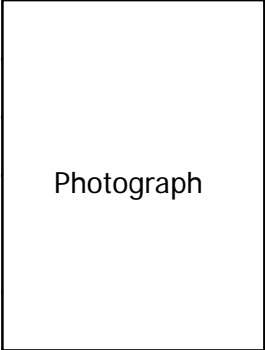
OCCUPATION OF FATHER.....

EDUCATIONAL QUALIFICATION.....ANNUAL INCOME

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

DATE OF BIRTH.....IN WORDS

MOTHER TONGUE.....MEDIUM OPTION



| | | | |
|-------|------------------------------------|----------------------------------|---------------------------------|
| STD.: | <input type="checkbox"/> VIII Std. | <input type="checkbox"/> IX STD. | <input type="checkbox"/> X 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