SRI VEERENDRA PATIL PUBLIC SCHOOL



CHINCHOLI - Dist. Kalaburagi. 585 307 - Phone No.: 08475 - 273203 - AFF. No. 830248

APPLICATION FOR ADMISSION

App. No.																		
1. FILL ALL THE ENTRIES IN CAPITAL LETTERS 2. ATTACH THE XEROX COPY OF THE FOLLOWING a. BIRTH CERTIFICATE OF THE APPLICANT b. TWO PHOTOS c. ADHAR CARD OF CANDIDATE, FATHER AND MOTHER d. PASS BOOK OF THE CHILD & PARENT (JOINT ACCOUNT) e. ALL THE PARTICULARS SHOULD BE AS IN BIRTH CERTIFICATE f. CASTE CERTIFICATE									hoto									
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a. Name of the Child		_			_	_		1	,				_	_	_	<u>_</u>		
1. d. Name of the Child																		
Name in Kannada :																		
Name in Mother Tongue :																		
b. Adhar No.																		
a. Father's Name					T										1.			
b. Adhar No.																		k
a. Mother's Name																		
b. Adhar No.																		
Religion																		
Gender: Male Female																		
. Date of Birth D D M M Y Y Y Y in words:																		
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Mother's Name b. Adhar No. Caste

7.	Place of Birth/Village	Taluka	Dist.		
8.	Home Language : Kannada	Urdu	Telugu	Marathi	
9.	School previously attended				
10. E	Examination Passed/Failed				
11. C	lass in which Admission is Soug	ht			
12. T.	C. No. & Date (if applicable)				
13. Me	dium of Instruction in the last s	school attended (if applicab	le)		
14. a. L	ocal Address of Parent/Guardia	ın			
b. E	-mail ID				
c. Mo	bbile No.				
. Child's	s position in the family : First	Second	Third		
Comm	unity : SC ST ST	Gen OBC	Others		

17. Category							
18. Permanent Address of Parent/Guardian							
19. a. Occupation of the Mother	b. M. No.Off						
c. Annual Income of Mother	d. M.No.Resi						
20. a. Occupation of the Father b. M. No.Off							
c. Annual Income of Father	d. M.No.Resi						
21. Identification Marks of Child a}							
b}							
22. Does your child suffer from any of the following.							
Asthama Yes/No Visually impaired	Yes/No						
Allergies	Yes/No						
Physically Challenged Yes/No Spastic							
Dyslexic	Yes/No						
DiabeticYes/No							
23. Parental responsibility							
Mother Mother and Father Father	Other						

23. Does your child have any physical disabilites Yes No									
24. Blood Group :									
(A-ve) (A+ve) (B-ve) (B+ve) (AB-ve) (AB+ve) (O-ve) (O+ve)	ve)								
DECLARATION:									
1. I do here by declare that I will abide by the rules & regulations of the School									
2. I certify that the above particulars are correct and true to my knowledge.									
3. I agree to pay the prescribed school fees in advance									
4. I declare that myself or my ward will not interfere with the administration and	discipline of the school.								
5. I undertake that my child will attend the school in washed, ironed, full uniform	m regularly.								
Place :									
Date :	Signature of the Parent/Guardian								
REMARKS BY THE PRINCIPAL	_								
The Child has been tested and found fit for admission to Class									
Date :	Signature of the Principal								
A desite deside Descript No.									
Admitted vide Receipt NoDated	Sign.Admission Clerk								
Admission No Date:	Countersigned by Principal / Authority of the School								
Date :									