VIVID MONTESSORI SCHOOL

BELAGAVI

ADMISSION FORM

20 - 20

PUPIL'S NAME : _____
Surname Name Father's Name

DATE OF BIRTH : _____ In Words _____
(Attach Xerox Copy of Birth Certificate)

ADHAR CARD NO. _____

CLASS SEEKING ASMISSION TO _____

LAST SCHOOL ATTENDED _____

NAME OF BROTHER / SISTER
(Age Below 6 Years) _____ CLASS _____

FATHER'S NAME _____

FATHER'S ADHAAR No. _____

FATHER'S OCCUPATION _____ (Cell No.) _____

EDUCATION QUALIFICATION _____

MOTHER'S NAME _____

MOTHER'S ADHAAR No. _____

MOTHER'S OCCUPATION _____ (Cell No.) _____

EDUCATION QUALIFICATION _____

CASTE GENERAL☐ OBC☐ SC☐ ST☐ SUB CASTE _____
(Submit caste certificate if applicable)

MOTHER TONGUE _____

RESI. ADDRESS _____

_____

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____

FOR OFFICE USE ONLY

Std._____ Medium _____ Date of Admission _____

Receipt No._____ Remarks _____

NOTE : ONCE ADMISSION TAKEN WILL NOT BE CANCELLED & ANY FEES PAID IS NOT REFUNDABLE