



Saraswathi Vidya Mandira (R)

Affiliated to CBSE- 831242
MARUTHI LAYOUT, ANEKAL-562 106
E-mail : svm41534@gmail.com

Mob : 9686592929
9066733266
Off : 9535444922

APPLICATION FORM

(FILL THE FORM IN BLOCK LETTERS)

- 1) Name of the Pupil :

- 2) Gender : Female Male

- 3) Date of Birth : As on 1st of June : Yrs..... Months.....

- 4) Blood Group

- 5) Mother Tongue :

- 6) Aadhaar Number :

- 7) Special Child : Yes No

- 8) Standard in to which
Child Seeking admission :

- 9) Details of The Father :
 - a. Father's Name :
 - b. Qualification :
 - c. Occupation :
 - d. Annual Income :
 - e. E-mail ID :
 - f. Mobile No. :
 - g. Aadhaar Number :
 - h. Religion & Caste :
 - i. Schedule Caste / Tribe (If Applicable).....

10) Details of The Mother :

- a. Mother`s Name :
- b. Qualification :
- c. Occupation :
- d. Annual Income :
- e. E-mail ID :
- f. Mobile No. :
- g. Aadhaar Number :

11) Residential address :

12) Are you an existing parents Yes No

If yes

- a. Name :
- b. Grade :

Declaration :

We here by accept the norms of the school and request our pupil may be admitted to.....Grade.

Date :

Place :

Signature of the Mother & Father

PARTICULARS TO BE FILLED BY THE OFFICE

Date of Interview :

Admission to Grade :

- Granted
- Denied

Date :

Signature of the Principal