



Affiliated to CISCE, New Delhi.

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Affl. No. KA 221

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+91 9743455551

ADMISSION NO:

Application FOR THE STUDENT

Please fill in the blanks, using CAPITAL LETTERS, wherever boxes are provided. Incomplete applications will not be accepted

RECENT
PASSPORT-SIZE
PHOTOGRAPH

FULL NAME :									
DOB :	DD	MM	YYYY	SEX : MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	BLOOD GROUP	
AADHAR NO. :					RELIGION :				
CASTE :					CATEGORY :				
MOTHER TONGUE :				INCOME CERTIFICATE NO. :					
SATS NO. :				CASTE CERTIFICATE NO. :					
(AVAILABLE WITH THE PREVIOUS SCHOOL)									

PARENTS' DETAILS

FATHER'S NAME :		MOTHER'S NAME :	
OCCUPATION :		OCCUPATION :	
QUALIFICATION :		QUALIFICATION :	
PHONE :		PHONE :	
AADHAR NO. :		AADHAR NO. :	
ANNUAL INCOME :		ANNUAL INCOME :	
E-MAIL :		E-MAIL :	

ADDRESS FOR COMMUNICATION

HOME :		OFFICE :	
		PIN CODE	<input type="text"/>

PERMANENT ADDRESS

CITY:	STATE:	PIN CODE	<input type="text"/>

PREVIOUS SCHOOL STUDIED

APPLYING TO

NAME :

CLASS :

MEDIUM :

T.C. NO.....

DATED.....

..... CLASS

ENCLOSURES

1. PHOTOCOPY OF CHILD'S BIRTH CERTIFICATE.
2. TRANSFER CERTIFICATE (ORIGINAL).
3. MARKS CARD OF THE PREVIOUS SCHOOL.
4. PHOTOCOPY OF AADHAR CARD (CHILD'S & PARENTS).
5. MIGRATION CERTIFICATE, IF CHANGE OF SYLLABUS
6. PHOTOCOPY OF CASTE AND INCOME CERTIFICATE.
7. CHILD'S & PARENTS' PHOTOS (PASSPORT & STAMP SIZE - EACH 2)
8. MEDICAL CERTIFICATE (IF APPLICABLE)

NOTE : SCHOOL FEES ONCE PAID IS NOT REFUNDABLE

DECLARATION

I, MR/MRS

,THE PARENT / GUARDIAN OF

HEREBY

DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF THE PARENT / GUARDIAN

PARTICULARS TO BE FILLED BY OFFICE ONLY

THE STUDENT

SON / DAUGHTER OF

IS ADMITTED TO

DATE OF ADMISSION :

PLACE :

SIGNATURE OF THE PRINCIPAL