



# ADITYA VIDHYASHRAM RESIDENTIAL SCHOOL

A Day-cum-Residential School – Affiliated to CBSE/Aff./2930002

(Unit of Sri Vidyanarayana Educational Trust)

Poraiyur, Villianur, Pondicherry- 605 110. Ph: 0413-2660780, 6459436 Fax: 2660946

## APPLICATION FOR ADMISSION

Sl.No: \_\_\_\_\_

Admission No.: \_\_\_\_\_

1. Name of the Student \_\_\_\_\_

2. Date of Birth

| Date Month Year |  |  |
|-----------------|--|--|
|                 |  |  |

3. Completed Age: \_\_\_\_\_

4. Sex

|   |   |
|---|---|
| M | F |
|---|---|

5.

Name

Occupation

Annual Income

a. Father \_\_\_\_\_

b. Mother \_\_\_\_\_

c. Guardian \_\_\_\_\_

6. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Caste: \_\_OBC/SC/ST/MBC/FC/OC

7. Name of the Previous School with Full Address: \_\_\_\_\_

\_\_\_\_\_

8. Admission sought for: \_\_\_\_\_ Academic Year: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

9. 1 to 8th Std/First Language: English Second Language: Tamil / French Third Language: Hindi  
9<sup>th</sup> & 10<sup>th</sup> / First Language: English Second Language:Tamil / French / Hindi

10. Address for Communication:

| Present Address             | Permanent Address      |
|-----------------------------|------------------------|
| _____                       | _____                  |
| _____                       | _____                  |
| City _____ Pincode _____    | City _____ State _____ |
| State _____ Country _____   | Country _____          |
| Ph. No. _____ Mobile: _____ | E-mail: _____          |

11. Enclosures: 1. Birth Certificate  2. Medical Book  3. T.C.  4. Community Certificate

12. Passport Number of the Student: \_\_\_\_\_ Valid till: \_\_\_\_\_

13. Mode of Admission: Residential / Day scholar

14. Mode of Conveyance: Own / School Transport

**HEALTH INFORMATION:** Physically Handicapped:  Yes  No

Allergies any \_\_\_\_\_

Any other Health Problem (Please Specify) \_\_\_\_\_

**DECLARATION OF THE PARENT**

I do hereby declare that the particulars given above are true to the best of my knowledge. I abide by the Rules and Regulations of the School.

**Signature of the Student**

**Signature of the Parent**

**OFFICE USE ONLY**

|                    |
|--------------------|
| Name: _____        |
| Admitted to: _____ |
| PRINCIPAL          |

Note: Admission confirmed only after submitting all necessary documents.