



Affix recent
passport size
color photograph
of
(Applicant)

NOTE: Fill up the application form in BLOCK LETTERS only

APPLICATION FORM (1st - 10th Grade)

ADMISSION FOR THE GRADE : _____

STUDENT INFORMATION

NAME OF THE APPLICANT*			
GENDER			
DATE OF BIRTH			
PLACE OF BIRTH			
APPLICANT'S AADHAR NUMBER*			
NATIONALITY*			
MOTHER TONGUE*			
RELIGION*			
CASTE*			
SUB-CASTE*			
CATEGORY* (PLEASE TICK THE RELEVANT GROUP AND ENCLOSE THE RECENT CASTE AND INCOME CERTIFICATE)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL	SC	ST	CAT-1
			CAT-2A
			CAT-2B
			CAT-3A
			CAT-3B
			PHYSICALLY CHALLENGED
PASSPORT NUMBER		PLACE OF ISSUE	PASSPORT VALID TILL (DD-MM-YYYY)
Hobbies			
Active participation in the sport of			
Other Interests			

Sport that the child will pursue (choose any one in each option)

OPTION-1

TENNIS FOOTBALL CRICKET BASKETBALL SWIMMING OTHERS _____

OPTION-2

TENNIS FOOTBALL CRICKET BASKETBALL SWIMMING OTHERS _____

Level of Participation prior to joining

School Club District State National

Details of the Club/Academy

Name _____

Address _____

Contact Nos. _____

What according to you should be the role of parents in child's growth as an athlete ?

Name and address of the school in which the student is currently enrolled (If applicable)

Name _____

Address _____

Grade Completed _____ Medium of Instruction _____

School affiliated to SSLC CBSE ICSE Others(Specify) _____

Languages previously studied

Second language _____ From grade _____ to _____

Second language _____ From grade _____ to _____

Languages preferred

Second language (Grade 3-10) Hindi Kannada Sanskrit

Third language (Grade 5-10) Hindi Kannada Sanskrit

Achievements in Co-curricular activities _____

Would the student be studying at the hostel/boarding at School? YES NO

Would the student avail transport facility provided by the school? YES NO

Student's Favourite Subjects:

1. _____ 2. _____

3. _____ 4. _____

Student's Study Habbits

Prefers group Studies Wants someone to sit along while studying Prefers to study alone

Others, Kindly Specify _____

FAMILY INFORMATION

FATHER'S DETAILS		MOTHER'S DETAILS	
FATHER'S NAME*		MOTHER'S NAME*	
QUALIFICATION		QUALIFICATION	
ORGANIZATION		ORGANIZATION	
DESIGNATION		DESIGNATION	
BUSINESS (If applicable)		BUSINESS (If applicable)	
MOBILE NUMBER*		MOBILE NUMBER*	
EMAIL ID		EMAIL ID	
ANNUAL INCOME*		ANNUAL INCOME	

Student is living with Both Parents Mother Father Guardian

Any other Information you wish to share _____

ENCLOSURES

The following documents (attested photocopies) must be submitted along with the filled application :

- a) Birth Certificate from the Municipal Corporation / Civic Authorities
- b) A copy of the latest progress report certified by the school in which the student last studied (If applicable)
- c) 8 photographs of student and 2 each of parents
- d) Transfer Certificate / Migration Certificate
- e) Wellness Record duly signed by the physician
- f) Passport of student & parents
- g) Important for Single Parent : If separated, please submit Guardianship papers
- h) A copy of student's Aadhar Card.

Note : Staple all documents to the top left-hand corner of the application.

DECLARATION

I hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I acknowledge that the school is not responsible for loss/damage to personal gadgets brought to school. I understand that the amount once paid by me for the admissions will be neither refundable nor transferable.

Date :

Place :

Affix recent
passport size
color photograph
of
(Mother)

Affix recent
passport size
color photograph
of
(Father)

Affix recent
passport size
color photograph
of
(Guardian)

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Admit to Grade _____ Roll No. Allotted _____ Date of Joining _____

Fees Paid (Rs):	Birth Certificate	<input type="checkbox"/>
Receipt No:	Original Marks Card	<input type="checkbox"/>
Date:	Transfer Certificate	<input type="checkbox"/>
Dues:	Migration Certificate	<input type="checkbox"/>
	Wellness Record	<input type="checkbox"/>

Seal & Signature

Remarks _____



WELLNESS INFORMATION

Name of the Student _____

Class _____

Gender: Male Female

Date of Birth / / - - - - -
D D M M Y Y Y Y

Blood Group _____ Height _____ cms Weight _____ kgs

Identification Marks _____

Any allergy/ailment/Injuries/physical disability _____



Immunization Covered

Poliomyelitis (Polio Vaccine) Yes No

Diphtheria/ Pertussis/ Tetanus (Triple Antigen) Yes No

Measles/ Mumps / Rubella (M.M.R) Yes No

Tuberculosis (B.C.G) Yes No

Hepatitis B Yes No

Hepatitis A Yes No

Others, kindly specify _____

Does the student have a history of

Congenital Abnormality Yes No

Rheumatic Heart Disease Yes No

Bronchial Asthma Yes No

Epilepsy Yes No

Diabetes Yes No

Hypertension Yes No

Tuberculosis Yes No

