

**Amrita International Vidyalayam, Choodasandra, Huskur Post,
Bengaluru - 560099, Karnataka, India Ph:+91-9019202583**

Issue Date: Date of Admission: Std.

Name & Address Phone:

Publicity Feedback: (Tick the exact Choice) Newspaper Notice Banner Word of mouth

Amrita International Vidyalayam (For office useonly)



Issued on

Standard Division:

Date of admission

Admission no.:

Affix recent photo
(Plus one for identity card)

AMRITA NURSERY

Choodasandra, Huskur Post,
Bengaluru - 560099, Karnataka, India Ph:+91-9019202583

ADMISSION FORM

Name of Pupil (in English)

Name of Pupil (in Kannada)

_____ M F
(in capital letters as per Aadhaar & Initial(s) at the end)

Date of Birth in figures

Aadhaar number

(The original Birth Certificate & an attested copy to be produced at the time of admission)

Date of Birth in words

Nationality & Mother Tongue

Religion & Community

SC/ST/OBC/Convert from SC/ST/
BC/MBC/Others

Passport No. (if available)

Place of Birth Validity.....

Hobbies

Address of the Parent/ Guardian	<p>.....</p> <p>.....</p> <p>.....</p> <p>Tel. No.: Mobile No.:</p>
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Details of Father / Guardian	<p>Name (as per Aadhaar) Relation to the Pupil :</p> <p>Aadhaar number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Qualification :</p> <p>Organization & Designation/ Business :</p> <p>Phone No. :</p> <p>Email :</p> <p>Annual Income :</p>
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School previously studied	
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Class previously studied	
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Class to which admission is sought	Date of Leaving:
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Previous School affiliation	<input type="checkbox"/> SSLC <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other (Specify)
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No. & Date of Transfer Certificate	
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Achievements in the Sport interested in	
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Details of sibling (own brother or sister)	Name (s) :	Age :
	Institution studying:	Grade/Class:

Whether school transport is required?	YES / NO	Pick-up point:
		Distance from school in kms.:

Enclosures

(without which the application will not be accepted)

- Birth Certificate
- Former School Report Card
- 4 individual passport size colour photographs of the student with the same name written backside.
- Wellness record duly signed by the physician
- Transfer Certificate/ Migration Certificate (if applicable)
- Guardian Authorization Letter (If applicable)
- Caste Certificate, Income Proof Certificate, Address Proof (In case if Minority Class)
- Student Aadhar Card (Attested Photocopy)
- Parents' Identity proof (Attested Photocopy)
- Guardian Identity proof (Attested Photocopy)

Note:

- Staple all documents to the top left-hand corner of the application
- Admission rights reserved to the school

DECLARATION

I have read the rules and regulations of the school and I undertake that my ward will abide by them. I solemnly declare that the particulars stated above are true and correct. I confirm that no change in Date of Birth will be claimed at any time in future. We agree to the school rules and regulations and promise to abide by the same. I will respect and adhere to the school diary and Annual School syllabus breakup.

Affix
recent
passport
size photo
of Guardian

Affix
recent
passport
size photo
of Father

Affix
recent
passport
size photo
of Mother

For Office Use Only

Admit to: _____

Admission Form No: _____

<i>Documents Submitted on Admission</i>	<i>Original</i>	<i>Photocopy</i>
Birth Certificate		
Mark Sheet		
Transfer Certificate		
Migration Certificate		
Caste Certificate		
Wellness Record		

Remarks of the Principal:

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Date:

Principal's Signature