PADMAVATI FOUNDATION'S BHASKARDYUTI VIDYALAYA

(English Medium)

Chival Road, Killa Pardi, Dist-Valsad (Guj) 396125 Tele No. 0260-2373930

(Affiliated to Gujarat State Board of Education)

APPLICATION FOR ADMISSION

(Fill up the form in capital letters only)

Affix a recent Passport size colour photo

Form No.

	Standard ap	plied for:		_	
		I) General	Information		
1) Surname Child's Name					
Father's Name	:				Living / Not Living
Mother's Name	:				Living / Not Living
Guardian's Nan	ne:				
2) Gender					
3) Date of Birth:			_		
(In Figures)	Date	Month	Year		
In words:					
Age as on 30 Ju	ne 20:	Year	•	_Month	
Place of Birth:_				Bloo	od Group:
4) Nationality: _		_ Religion:		Mot	ther Tongue:
Caste:		_ Sub Caste:		_	
Category: SC_	ST	OBC	· 	_ Others _	
5) Details of the la	st school attend	ed: (If any)			
Name of the Sch	nool:				
Address of the S	School:				
Standard Passed					
6) If any Brother of	or Sister Studyii	ng / Studied i	n this School		
Sr.No.	Name		Std		Year
		\ T			

II) Family Background

1)

	Education	Profession	Name and Address	Annual
	Qualification		of the employer organisation	Income
Father's				
Mother's				
Contact No.				

2)	<u>Present Address</u>		Perm	nanent Address	
Street:					
Taluka:					
Pin No.:					
Ph No.:					
Mob No.:					
3) Background (W	Vhether rural or urba	n):			
4) Physical Disabi	ility, if any:				
5) Medical Compl	liants, if any:				
6) Position of Chi	ld in the family: On	ly Child	Eldest	Youngest_	
7) Type of Family	(Joint / Nuclear): _				
	<u>III - Gen</u>	eral Instructio	<u>n</u>		
1) Admission fo	rm must be filled	up by the paren	ts/ guardia	n only.	
2) Last date to s	submit the form is				
	form or having fa			olication will be	3
rejected.	C		1 11		
4) Fees once rec	eived shall not be	refunded under	any circur	mstances.	
5) Right of admi	ission is reserved	by the school.			
6) The child mu	st be completely v	vaccinated. If no	ot please me	ention:	
7) Submit the fo	llowing documen	ts:			
True Copies of:-					
a) Birth Certificac) Original L.C.	,	ood group & Va sult sheet of Pre		ntry card.	
-	de by the rules and hool fees regularl	•	he school a	at all times.	
Father's Signa	ture	Mother's Signat	ture	Guardian's S	ign
	For O	ffice use only			
Admitted/ not adm		0.40 4	of of'1	and for Dr	n
	Sec				
G.R.No.					_
OS Sign				Dringing	1 Sian
O.S. Sign				Principa	ı əigil
Date				Date	

PADMAVATI FOUNDATION'S SHREE MUMBADEVI BALMANDIR

(English Medium)

Chival Road, Killa Pardi, Dist-Valsad (Guj) Affiliated to Gujarat State Board of Education)

APPLICATION FOR ADMISSION

(Fill up the form in capital letters only)

Affix a recent Passport size colour photo

Form No.

	Standard	d applied for:_			
1) Surname	:	I) General I	_		
Child's Name					
Father's Name	:			Living / Not Liv	ing
Mother's Name	e :			Living / Not Liv	ing
Guardian's Nar	ne:				
2) Gender	: Male]	Female		
3) Date of Birth:					
	Date				
In words:					
	une 20:				
Place of Birth:				Blood Group:	
4) Nationality:		_ Religion: _		Mother Tongue:	
Caste:		_ Sub Caste: _			
Category: SC	ST _	OBC _		Others	
5) Details of the la	ast school attend	ed: (If any)			
Name of the Sc	chool:				
Address of the	School:				
Standard Passe	d:		Mediun	n:	
6) If any Brother	or Sister Studyi	ng / Studied in	this School		
Sr.No.	Name		Std	Year	
	TT) Family D	adzanound		

II) Family Background

	Education	Profession	Name and Address	Annual
	Qualification		of the employer organisation	Income
Father's				
Mother's				
Contact No.				

2)	<u>Present Address</u>		Pern	nanent Address
Street:				
Taluka:				
Ph No.:				
Mob No.:				
3) Background (W	hether rural or urb	an):		
4) Physical Disabi	lity, if any:			
5) Medical Compl	aints, if any:			
6) Position of Chi	ld in the family: O	nly Child	Eldest	Youngest
7) Type of Family	(Joint / Nuclear):			
	III - Ge	neral Instructio	<u>n</u>	
1) Admission fo	rm must be filled	d up by the paren	ts/ guardia	n only.
2) Last date to s	submit the form i	.S		
3) Incompleted to	form or having fa	alse details filled	up on app	lication will be
rejected.	C		1 11	
4) Fees once rec	eived shall not b	e refunded under	any circu	mstances.
5) Right of admi	ssion is reserved	l by the school.		
6) The child mus	st be completely	vaccinated. If no	ot please m	ention:
7) Submit the fo	llowing docume	nts:		
True Copies of:-			••	
a) Birth Certificac) Original L.C.	· · · · · · · · · · · · · · · · · · ·	lood group & Va esult sheet of Pre		•
I promise to abid I will pay the Sc	•	•	he school	at all times.
Father's Signa	ture _	Mother's Signa	ture	Guardian's Sig
	For (Office use only		
Admitted/ not adm				
				bed fee Rs
G.R.No.		_ 2 400 01 144111001		
O.S. Sign				Principal S
Date				Date