



SOMASHEKAR EDUCATION TRUST (R)

SIR. M. VISHVESHWARAIAH VIDYANEKETANA

No.45, 2nd Cross, Vigneshwara Badavane,
Shettihalli - Chikkasandra Road, Shettihalli, B'lore-57

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Photo

APPLICATION

- 1) Name of the student:
(in capital letters)
- 2) Gender : 3) Date of Birth :
Date Month Year
- 4) Blood Group : 5) Date of Birth in Words.....
- 6) Nationality :
- 7) Religion : 8) Place of Birth:
- 9) Caste : 10) Sub Caste:
- 11) Mother tongue:..... 12) Category:
- 13) Aadhaar No..... 14) SATS No:
- 15) Residential Address :
- E-mail:
- 16) Father's name :
- 17) Qualification : 18) Occupation:
- 19) Aadhaar No.:..... 20) Ph. No.: { Land line:.....
Mobile:.....
- 21) BPL / APL No. :
- 22) Father's Office Address:
- 23) Mother's name :
- 24) Qualification : 25) Occupation:
- 26) Aadhaar No.:..... 27) Ph. No.: { Land line:.....
Mobile:.....
- 28) Mother's Office Address:
- 29) School last attended: 39) Class to which admission is sought:

DECLARATION BY THE PARENTS

1. I declare that the above information given by me is true and correct.
2. I agree that the Management of the school as at liberty to cancel the admission at any stage.
3. I hereby agree to obey all the Rules and Regulations of the school.

Bangalore

Date:

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Admission tois approved for the academic year

Signature of the Section Head

Signature of the Headmistress