



K. L. E. SOCIETY'S
M. R. SAKHARE ENGLISH MEDIUM SCHOOL

VIDYANAGAR, HUBBALLI-31.

(Affiliated to the CBSE Board, New Delhi)

Affiliation No. : 830177 School DISE No. : 29090602607



APPLICATION FOR ADMISSION

No. : **100**

Admission to Standard _____

STUDENT Profile :

1. Student's full Name (in BLOCK LETTERS) _____
2. Student's Surname _____
3. Gender : Male / Female _____
4. Father's Full Name _____
5. Mather's Full Name _____
6. Aadhar No. of the Student _____
7. Nationality : _____
8. Religion : _____
9. Caste : _____
10. Sub-Caste : _____
11. Category : _____
12. Date of Birth (in figures) : _____ (in words) _____
13. Place of Birth : _____
14. Mother Tongue : _____
15. Address for correspondence : _____

16. Permanent Address : _____

17. Parents Details :

Father

Mother

- | | | |
|------------------------|-------|-------|
| a) Age | _____ | _____ |
| b) Occupation | _____ | _____ |
| c) Qualification | _____ | _____ |
| d) Annual Income | _____ | _____ |
| e) Aadhar Number | _____ | _____ |
| f) Mobile Number | _____ | _____ |
| g) E-mail ID | _____ | _____ |
| h) Resi. Telephone No. | _____ | _____ |

18. Is the student transferred from other School? **Yes / No** (Please tick)

If Yes : School Type : Government/ Private Aided/ Local Bodies/ Private Unaided

Name and address of the School : _____

Taluk : _____ District : _____ State : _____

The class last attended : _____

DISE No. : _____ Student UID (STS) No. : _____

School Contact No. : _____

Documents to be submitted for admission: (Tick the given)

- Xerox copy of Aadhar Card : Student (Compulsory), Father and Mother
- Caste and Income Certificate
- Birth Certificate – Original or Xerox
- Transfer certificate – Original
- Residential Proof
- Xerox copy of Qualification certificates of Parents (both Father and Mother)
- 03 Photographs of the student.
- Passport size photo of Father and Mother (one copy each)
- Family photo (one copy)
- Xerox copy of Previous class marks card.

Other information :

1. Any Siblings Studying in the School: Yes/No (Please tick)

If Yes : Name _____ Brother/Sister _____

Class studying in _____ Division : _____

2. Contact Name during Emergency : _____

Relation : _____ Cell No. : _____

Health information :

1. Blood group of the student : _____

2. Has the student suffered from any illness: Yes/No (Please tick)
(e.g. measles, chicken pox, Asthama, malaria, jaundice, Typhoid, polio, etc.)
If Yes, which, when and severity : _____

3. Is the student prone to any known sources of allergy : Yes/No
If Yes, Please specify _____

4. Does the student take any medicine on a regular basis? : Yes/No
If Yes, Please specify _____

5. Is the student physically challenged? Yes/No
If Yes, Please specify _____

6. Is the student physically fit to take part in Sports Activities? Yes/No
If No, Please specify _____

Place: _____

Date : _____

Signature of Parent or Guardian

OFFICE USE

Admit to Class : _____

PRINCIPAL

1. Admission is confirmed only when all the documents are provided to the Office.
2. The School reserves the rights to cancel the admission any time.