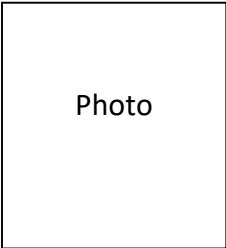




Swamy Vivekananda Vidya Samsthe (R) Shikaripura
Mythri Lower and Higher Primary School
Bhavanirao Street, Haliyur, SHIKARIPUR - 577427
Student's Registration Application- Academic year 2022-23



Admission information	
1. Admission for class *	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
2. Semester *	<input type="checkbox"/> Semester-1 <input type="checkbox"/> Semester -2
3. Optional Subject	<input type="checkbox"/> Kannada <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Maths <input type="checkbox"/> Science <input type="checkbox"/> Social
4. Language	<input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamilu <input type="checkbox"/> Telugu
5. Mother Tongue	<input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamilu <input type="checkbox"/> Telugu <input type="checkbox"/> Other
Previous School information	
6. Previous school board	<input type="checkbox"/> State <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other
7. Transfer Certificate No.	8. Transfer Certificate Date:
9. Name of the Previous School & DICE code	STS No:-
10. Type of Previous School	<input type="checkbox"/> Government <input type="checkbox"/> Aided <input type="checkbox"/> Unaided <input type="checkbox"/> Local bodies
11. Pin code	
12. District 13. Taluk 14. City/ Village/ Town
15. Previous School address	
Student information	
16. Name of the student Name Annual income
17. Father's name Name Occupation Annual income
18. Mother's name Name Occupation Annual income
19. a) Father's Aadhar no.	19. b) Mother's Aadhar no.
20. a) Date of birth (in letters) 20. B) Age Year Month
21. Reason for below or above age of admission	
22. Student's Aadhar no.	23. City / Rural <input type="checkbox"/> City <input type="checkbox"/> Rural
24. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans gender
25. Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christh <input type="checkbox"/> Sikh <input type="checkbox"/> Bavda <input type="checkbox"/> Parsi <input type="checkbox"/> Jain <input type="checkbox"/> other

26. a) Student's caste and income certificate no	26. b) Student's Caste		
27. a) Father's caste and income certificate no	26. b) Father's Caste		
28. a) Mother's caste and income certificate no	26. b) Mother's Caste		
29. Category	<input type="checkbox"/> General	<input type="checkbox"/> Backward	<input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> others
30. Special disability Child	<input type="checkbox"/> No applicable	<input type="checkbox"/> Blind ness	<input type="checkbox"/> deaf ness <input type="checkbox"/> dumb <input type="checkbox"/> Abnormal <input type="checkbox"/> slow learner
Student's Communication information			
31. Pin code		32. District.	33. Taluk.
34. City / Village / Town.	35. Street.		
36. Address.			
37. a) Student's Mobile WhatsApp no	37. b) E-mail address		
38. a) Father's Mobile no	38. b) E-mail address		
39. a) Mother's Mobile no	39. b) E-mail address		
Instruction : <ul style="list-style-type: none"> Fill the application while carefully. <p style="text-align: right;">Father's / Mother's / Parents sign</p>			
Particulars to be filled by office			
Student Admission No.	Admission Date :		
Bank Account Number (Student or Parents)			
Bank IFSC Code			
Place of Birth :-	Taluk :-	District :-	
State : -			

Signature of the Headmaster

Initial of the clerk