

Application Form No.: _____

Ref. No.: _____



Dr. Sarvepalli Radhakrishnan Vidyalaya

Malad (West)

Application for Admission

Please complete and return
this form to the School Office

Application for Admission

To be filled by the school office

To,

The Director

Dr. Sarvepalli Radhkrishnan Vidyalaya,

Sunder Nagar, Malad (West),

Mumbai - 400 064

Token Slip No.:

Appl. Form No.:

Admission conducted by:

Admission can be given : YES NO

Date of Interaction:

Ref. No.:

I, the undersigned, desire to admit my child / ward in your esteemed school affiliated to the SSC Board in Std. _____ for the academic year 20____ - 20____.

(All the details must be as per the birth certificate or leaving certificate of child and other submitted documents.)

01. Name of Father:

02. Name of Mother:

03. Name of the Student:

Please fill in with Name - Parent Name - Surname

04. Date of Birth:

05. Place of Birth:

06. Age as on 30th Sept 20____:

07. Gender: Male Female

Paste latest
3x4cm sized
photograph of the
child.

08. Mother Tongue:
Language used with child at home

09. Native Place:

10. Nationality:

11. Religion:

12. Caste: Whether belonging to SC / ST / VJ / DT / NT / OBC / SBC / Other (only circle whichever is applicable).

Please submit attested photocopies of caste certificate in child's name as listed by Social Welfare Dept. (Govt. of Maharashtra).

13. Present residential address of child:

Area Pin Code: Telephone Number (Residence):

14. Aadhar Card Number:
(Child's if any)

15. Child staying with: Parent Guardian

16. Seeking school bus facility: Yes No

17. Name of the school where the child was previously studying:

Std.: Board:

Sunder Nagar, Malad (West), Mumbai - 400 064

18. Any siblings studying in BCG: Yes No Total number:

Name	Class & Div	School	Ref. No.
<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"/>

19. Information of Parents:

FATHER

MOTHER



Date of Birth:

Mother Tongue:

Nationality:

Educational Qualification:

Profession:

Designation:

Aadhar Card Number:

Monthly Income:

Name & Address of Company / Organisation:

Mobile Number:

E-mail ID:

Current Status of parents: Married Single Divorced Widowed Separated

Tick the status at the time of admission

20. Is either parent:(<i>please tick</i>)	Father	Mother	Name of School
Current Staff of BCG?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ex Student of BCG?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ex Staff of BCG?	<input type="checkbox"/>	<input type="checkbox"/>	_____

I DECLARE THAT ALL THE ABOVE INFORMATION IS AUTHENTIC AND TRUE TO THE BEST OF MY KNOWLEDGE. IF FOUND UNTRUE, I ACCEPT THAT THE ADMISSION MAY STAND CANCELLED.

I further undertake that I will inform the Management in writing, in case my child / ward fails in the present class in the previous school, and accordingly seek alternation of admission to the lower standard in your school, as applicable under the rules. I will submit all the supporting documents as required, such as original birth certificate, original leaving certificate, copy of previous marksheet, medical report, without delay duly filled and signed.

I understand the admission is provisional till all the documents are submitted. I further understand that the **acceptance** of this application form does **not guarantee admission** and that admissions are not granted against **donations / deposits**.

I understand and accept that the Management of the school is obliged to adhere to requirements of the respective boards, and agree to support them for the same. The school may adopt in addition to the prescribed textbooks, any educational material as per the school's methodology and educational practices, within the general framework of the curriculum.

I accept the school's educational practices, and will support the managing authorities towards achieving the school philosophy. I will address all my suggestions and concerns to the school authorities directly, whose decisions I will accept as final.

I am aware the school is a private unaided school. I accept that fees may be revised from time to time at the discretion of the Management. I agree to willingly abide by and not object to revisions in fee-hike. I am ready to abide by all the rules and regulations of the school for the education of my child, as in force from time to time, and I will pay all the fees and other dues regularly.

I once again request you to kindly grant admission to my child / ward in your school. I am seeking this admission as per my own decision.

I attest that my child is medically fit for school, and will submit the medical form when school opens. We also confirm that we shall fill out all forms physically when requested to, and understand that the admission stands cancelled in the event any data is found to be incorrect.

Name of Parent / Guardian:

Signature of Parent / Guardian:

Relation to Child: Date:

Mobile Phone No.: Email Id:

NOTE: Original leaving certificate from previous school to be submitted within ten days of re-opening of the school or date of joining whichever is later. It is to be countersigned by the District Education Officer / Central School Administration Authorities as concerned where there is a change of State. Admission is provisional to receipt of documents.

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