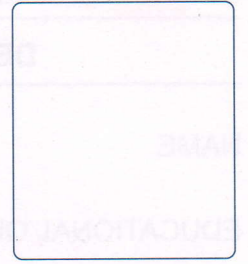


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Aavishkar Academy

Regn. No. A

By *Sindhi Mission Trust*, Bangalore
School Affiliated to ICSE

24/1, Satyanarayana Temple Street, Opp. Philips Millenia, Ulsoor, Bangalore-560 008.
Ph: 8971260043, Email: aavishkarmy@gmail.com, www.aavishkaracademy.com



APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETELY FILLED IN

ADMISSION TO CLASS _____

STUDENT PARTICULARS

NAME (IN BLOCK LETTERS) _____

SEX _____ DATE OF BIRTH _____

NATIONALITY _____ MOTHER TONGUE _____

RELIGION _____ CASTE _____

RESIDENTIAL ADDRESS _____

II LANGUAGE

KANNADA

HINDI

SCHOOL LAST STUDIED _____

(*PLEASE ENCLOSE A PHOTOCOPY OF THE MARKS CARD ISSUED BY THE PREVIOUS SCHOOL)

REASON FOR LEAVING THE SCHOOL _____

SIBLINGS, STUDYING IN SCHOOL / MENTION CLASS _____

ANY OTHER INFORMATION ABOUT THE PUPIL, INCLUDING HEALTH ISSUES:

FOR OFFICE USE ONLY

FOLLOWING ORIGINAL CERTIFICATES ARE RECEIVED (✓ APPROPRIATE COLUMN)

NAME OF THE DOCUMENTS (YES / NO)

ORIGINAL BIRTH CERTIFICATE CASTE CERTIFICATE FOR SC ONLY

TRANSFER CERTIFICATE OTHER CERTIFICATES (IF ANY)

DATE OF SUBMISSION _____ ADMISSION NO _____

ADMISSION REGISTER PAGE NO _____ ADMITTED TO CLASS / SECTION _____

PLACE : _____ NAME OF THE ADMIN. STAFF _____

DATE : _____ ADMIN. STAFF SIGNATURE _____

PARENT DETAILS

DETAILS	FATHER	MOTHER
NAME	_____	_____
EDUCATIONAL QUALIFICATION	_____	_____
DESIGNATION/OCCUPATION	_____	_____
COMPANY NAME	_____	_____
OFFICE ADDRESS	_____	_____
CONTACT LAND LINE	_____	_____
MOBILE	_____	_____
EMAIL	_____	_____
MONTHLY INCOME	_____	_____

I HEREBY DECLARE THAT THE DETAILS FURNISHED OVERLEAF AND ABOVE ARE CORRECT. I UNDERSTAND AND AGREE THAT THE REGISTRATION OF MY SON/DAUGHTER DOES NOT GUARANTEE ADMISSION TO THE SCHOOL AND THAT THE REGISTRATION FEE IS NEITHER TRANSFERABLE NOR REFUNDABLE.

PLACE : BANGALORE
DATE : _____

SIGNATURE OF FATHER _____
SIGNATURE OF MOTHER _____