

## SOCIAL TRANSFORMATION THROUGH DYNAMIC EDUCATION BHARATI VIDYAPEETH'S GOD'S VALLEY INTERNATIONAL SCHOOL

( Affiliated to CBSE, New Delhi,India)

Panchgani, Mahabaleshwar Dist.-Satara - 412805,

CBSE AFFILIATION NO.:- 1130150 UDISE NO. :- 27310606502 SCHOOL NO.:- 45027

APPLICATION FORM	/ FOR ADMISSION			
STUDENT DETAILS:				
Current Grade: Appl	ying for Grade:			
Personal Details: Name of Student :				
	iddle Name	Surname		
(no per natural cara )		00		
	te in words:			
Birth: Dist Stat				
Mother Tongue:	_	Cast		
& category:Nationality:				
Gender: Blood Group: Height:	cm.Weight:Kg Diet	:: Veg/ Non veg		
Adhar card :				
Saral IDDetails		Of		
Allergy/disease/disorder if any:				
Currently lives with:				
Academic Details: Last Standard appeared: Last school Contact No:				
Last school name:				
Other Schools attended in past 3 years:				
Education: In Private/ SSC/CBSE/ ICSE/ISC board:				
List of Subjects learnt in current standard:				
(IF admission for std X: Need registration card of STd.IX of CBSE): Reg.No: CGPA in Std. IX:				
For International Student: Passport Details:				
Passport No:				
Date of issue: Place of Issue:	date of Expiry:			
Visa Details: residences Permit No:	Duration: From	to		
Family Details:				
A] Name of <b>Fathe</b> r:	Age:	Adhar card No:		
Edu. Qualification:	Occupation:			
Yearly Income:				
Residence address:				
Permanent Address:				
Office Address:				
Personal Contact No:	Mail Id:			
Office contact No:	Mail ID:			
B] Name of <b>Mother</b> :	Age:	Adhar card No:		
Edu. Qualification:	Occupation:			
Yearly Income:				

Residence address:			
Permanent Address:			
Office Address:			
Personal Contact No:		Mail Id:	
Office contact No:		mail ID:	
C] About Guardian who is allowed to m	neet child:		
1) Name:		Age	Adhar card No:
Relation with Student:			
Edu. Qualification:		Occupation:	
Yearly Income:		•	
Residence address:			
Permanent Address:			
Office Address:			
Personal Contact No:		Mail Id:	
Office contact No:		mail ID:	
2) Name:		A	ge
Relation with Student:		·	
Edu. Qualification:		Occupation:	
Yearly Income:		·	
Residence address:			
Permanent Address:			
Office Address:			
Personal Contact No:		Mail Id:	
Office contact No:		mail ID:	
D] About Brother/Sister of the applicant	t:		
1) Name:		Std:	
School name:	J		
2) Name:	Age:	Std:	
School name:	· ·		
3) Name:	Age:	Std:	
School name:	Ü		
Special information:			
What else would you like us to know ab	out vour child	? (Health –physica	al. mental. behavioral. emotiona
issues)	,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Tell us about his habits/interests/good i	n certain area	s:	
Your expectation by us for your child:			
My child has appeared for introductory	test.		
Kindly grant admission for his further st		esteemed School.	
All information furnished in this applica	•		rrect. Documents submitted are
authentic. I shall abide by the rules and		•	
Hereby undertake to pay additional fee			
directives of the competent authorities.			
Parent name and signature			Principal name & sign
<del> </del>			,
For office use:			
List of documents submitted:			
Report card of last class	L.C /T.C of pre	evious school	Fitness certificate:

Cast/minority Certificate:

Copy of Adharcard of parent and self: Copy of a Passport details of parent & self:

Visa details: Signed copy of school rules and withdrawal policy: