



ಅಚಲ ಗುರು ಜಯದೇವಾಯ ಸೇವಾ ಸಮಾಜ  
**ACHALA VIDYANIKETHAN**

(Recognized by Govt. of Karnataka)  
# 31, Achala Math Campus, Kanteeravanagar, Bengaluru - 560 096.

**Application for Admission**

for the Year .....

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Fill this form in capital letters only

No. **019**

ADMISSION DETAILS											
Admission to Class	<input type="checkbox"/> 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										
Student Name (Eng)											
Aadhaar UID No.											
Date of Birth	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Years Month										
(age in words)											
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										
Semester	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Medium of Instruction <input type="checkbox"/> English										
Nationality	<input type="checkbox"/> Urban <input type="checkbox"/> Rural										
Mother Tongue											
Father Name											
Father's Aadhaar No.											
Mother Name											
Mother's Aadhaar No.											
Previous School Details (If Applicable)											
Previous School Affiliation	<input type="checkbox"/> State <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other (Please Specify)										
Transfer Certificate No.	Transfer Certificate Date										
Previous School Name											
Previous School Type	<input type="checkbox"/> Government School <input type="checkbox"/> Private Aided School <input type="checkbox"/> Local Bodies <input type="checkbox"/> Private Unaided School										
City/Village / Town											
Taluk	District Pincode										
Previous School Address											

Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others (Please Specify).....	
Student's Caste Certificate No.		Student Caste
Father's Caste Certificate No.		Father's Caste
Mother's Caste Certificate No.		Mother's Caste
Social Category	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="text"/> Category Code	
Belong to BPL	<input type="checkbox"/> Yes <input type="checkbox"/> No	BPL Card No.
Bhagyalakshmi Bond No.		
Disability Child	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Physically Handicapped	
Residential Address		
Permanent Address		
Father Mobile No.		e-mail ID
Mother Mobile No.		e-mail ID
<b>Parent's / Guardian's Signature</b>		
<b>(For Office Use Only)</b>		
Admission No.	Admission Date	
Student Enrollment No.		
Student / Parent's Bank Name		
Account No. :		
Bank IFSC Code		
Head Master Name, Signature and School Seal		



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**Application for Admission**

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for the Year .....

No. 002

Admission for	Pre KG <input type="checkbox"/>	LKG <input type="checkbox"/>	UKG <input type="checkbox"/>	Medium : English
<b>Child's Name</b>				
Aadhar UID No.				
<b>Gender :</b> Boy <input type="checkbox"/>	<b>Date of Birth</b>	<input type="text"/>		
Girl <input type="checkbox"/>	<b>Age :.....Years.....Month.....</b>			
Age in words				
Father Name				
Father Occupation				Annual Income
Mother Name				
Mother Occupation				Annual Income
<b>Mother tongue</b>				
Nationality				
<b>Religion</b>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Christian <input type="checkbox"/>	Others.....
Student Caste				Certificate No.
Father Caste				Certificate No.
Mother Caste				Certificate No.
Income Certificate No. (if any)				
<b>Social Category</b>	Gen <input type="checkbox"/>	OBC <input type="checkbox"/>	Min <input type="checkbox"/>	SC/ST <input type="checkbox"/> Category Code

Whether Belongs to BPL	Yes <input type="checkbox"/> No <input type="checkbox"/> BPL Card No
Bhagyalakshmi Bond No	
Residential Address	
Permanent Address	
Disability Child	Not applicable <input type="checkbox"/> Physically Handicapped <input type="checkbox"/>
Father Aadhar UID No.	Mobile No.
Mother Aadhar UID No.	Mobile No.
Guardian Details (if any)	
Parents / Guardian Signature	
FOR OFFICE USE	
Admission No.	Adm Date :
Students Enrollment No.	
Students / Parent's Bank Name	
Account No.	
IFSC Code	
<b>School Seal</b>	<b>Headmistress Sign.</b>