

ARAMBAGH VIVEKANANDA ACADEMY

(A Unit of Arambagh Nivedita Trust)



CBSE Affiliated Nursery to 10+2 English Medium Co-Ed School

AFFILIATION NO. 2430125 SCHOOL NO. 15540

Basantapur Sports Complex, Ward No. 11 Ph.No.- 03211-258900/254-363
Town + P.O.- Arambagh, Dist.-Hooghly, Pin-712601
Web : www.arambaghvivekanandaacademy.com
e-mail Id : avacademy01@gmail.com

Paste recent colour photograph (3.5 cm. x 2.5cm.) of the candidate without attestation

APPLICATION FORM FOR ADMISSION

202____ - 202____

1. Student's Name - _____
(Use Capital Letter)

2. Sex - (Male / Female) : _____ 3. Student's Aadhar No. _____

4. (a) Date of birth : Day _____ Month _____ Year _____

5. (a) Name and Address of the Previous School attended, if any _____

(b) Recognised by (WBBSE/CBSE/ICSE/OTHER) / Unrecognised : _____

(c) Class in which studying _____ Class in which seeking admission _____

6. (a) Father's Name - _____

Qualification - _____ Occupation - _____ Annual Income _____

Unchangeable Ph.No.- _____

e-mail Id : _____

(b) Mother's Name - _____

Qualification - _____ Occupation - _____ Annual Income _____ Ph.No.- _____

(c) Only Child - Yes / No. : _____

(d) Guardian's Name (if parents are dead) - _____

FOR OFFICE USE ONLY

Admitted in Class _____ Section _____ Roll No. _____ Date of Admission _____ Id No. _____

Signature of the dealing clerk with date

Signature of the Principal with date

SI. NO. -

ARAMBAGH VIVEKANANDA ACADEMY

ADMIT CARD

Admit Mr. / Miss _____ to the Admission Test

conducted by the school for admission in class _____ to be held on _____ at 11.00 a.m.

Class _____ Roll No. _____

Paste recent colour photograph (3.5 cm. x 2.5cm.) of the candidate without attestation

7. (a) Nationality _____ Religion _____ Mother tongue _____

(b) Category - General SC ST OBC (Put ✓ Mark in appropriate box)
(Submit Xerox Copy of SC/ST/OBC Certificate)

(c) Minority - Yes / No : _____

8. Permanent Address :

Town / Vill _____ Para / Locality _____ Ward No _____

P.O. _____ P.S. _____ District _____

Pin No. _____ Alt. Phone No. _____

9. Present Correspondence Address, if different from permanent :

Town / Vill _____ Para / Locality _____ Ward No _____

P.O. _____ P.S. _____ District _____

Pin No. _____ Phone No. _____

10. Health Record :

(a) Blood Group _____ (b) Chronic illness , if any _____

(c) Allergy to particular food or drug, if any _____

(d) Physical disability or deformity, if any _____

(e) If Physically Handicapped, submit certificate

11. Documents to be submitted along with this Form for Admission.

(a) Xerox copy of Birth Certificate.

(b) Xerox copy of Student's Aadhar Card.

(c) Xerox copy of Parent's Voter Identity Card, Aadhar or any other residential proof.

(d) Xerox copy of Cast Certificate, where applicable.

(e) Xerox copy of Progress Report of the previous year if any.

(f) Transfer Certificate in original, where applicable.

(g) Two colour recent Passport size Photographs pasted in the boxes.

Declaration of the Parents / Guardian

We, do hereby declare that the particulars furnished are true to the best of our knowledge and belief. We have gone through the school prospectus and we, including the pupil are bound to abide by the school rules and regulations in all respects keeping in mind that the decision of the Principal in any matter is binding upon us.

Date - _____

Signature of Mother

Signature of Father / Guardian