



VISHWA VIJAYA VIDYA SAMSTHE (R) VISHWA VIJAYA VIDYASHALE

(Affiliated to Government of Karnataka)
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Student Enrollment Form - For The Year

No.:

ADMISSION DETAILS

1. Admission to Class *	<input type="checkbox"/> Play home <input type="checkbox"/> LKG <input type="checkbox"/> UKG <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 <input type="checkbox"/> 11 <input type="checkbox"/> 12
2. Medium of Instruction *	<input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu
3. Mother Tongue *	<input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu <input type="checkbox"/> Others (Please Specify)

Previous School Details (If Applicable)

4. Previous School Affiliation *	<input type="checkbox"/> State <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Others (Please Specify)
5. Transfer Certificate No.	
6. Transfer Certificate Date	
7. Previous School Name *	
8. 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
9. Pincode	
10. District *	11. Taluk * 12. City / Village / Town *
13. Previous School Address	

Student Details

14. Student Name *			
15. Father's Name *			
Qualification	Occupation		
16. Mother's Name *			
Qualification	Occupation		
17.(a) Father's Aadhaar No.			
17.(b) Mother's Aadhaar No.			
18.(a) Date of Birth *			
18.(b) Age *	years	Month	
19. Age Appropriation Reason			
20. Aadhar UID No.	21. Urban / Rural *	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
22. Gender *	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Annual Income :			
No. of Dependent			

23. Religion *	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Parsi <input type="checkbox"/> Jain <input type="checkbox"/> Others (Please Specify)	
24(a). Student's Caste Certificate No.	24(b). Student's Caste	
25(a). Father's Caste Certificate No.	25(b). Father's Caste	
26(a). Mother's Caste Certificate No.	26(b). Mother's Caste	
27. Social Category *	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST	
28(a). Belong to BPL	<input type="checkbox"/> Yes <input type="checkbox"/> No	30(b). BPL Card No.
29. Bhagyalakshmi Bond No.		
30. Disability Child *	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Not Applicable</div> <div style="width: 33%;"><input type="checkbox"/> Autism</div> <div style="width: 33%;"><input type="checkbox"/> Physically Handicapped</div> <div style="width: 33%;"><input type="checkbox"/> Hearing Impairment</div> <div style="width: 33%;"><input type="checkbox"/> Learning Disability</div> <div style="width: 33%;"><input type="checkbox"/> Loco motor Impairment</div> <div style="width: 33%;"><input type="checkbox"/> Mental Retardation</div> <div style="width: 33%;"><input type="checkbox"/> Multipal Disability</div> <div style="width: 33%;"><input type="checkbox"/> Speech Imparement</div> <div style="width: 33%;"><input type="checkbox"/> Visual Impairment (Builders)</div> <div style="width: 33%;"><input type="checkbox"/> Visual Impairment (Low-vision)</div> <div style="width: 33%;"><input type="checkbox"/> Cerebral Palsy</div> </div>	
31. Special Category	<input type="checkbox"/> None <input type="checkbox"/> Destitute <input type="checkbox"/> HIV Case <input type="checkbox"/> Orphans <input type="checkbox"/> Others (Please Specify)	
Student Contact Details		
32. Pincode *	33. District *	34. Taluk *
35. City / Village / Town *		36. Locality
37. Address *		
38(a). Student's Mobile No.	38(b). e-mail id	
39(a). Father's Mobile No.	39(b). e-mail id	
40(a). Mother's Mobile No.	39(b). e-mail id	
Note : - Fill this form in capital Letters only. - (*) sign indicate compulsory field.		
Parent's / Guardian's Signature		
(For Office Use Only)		
Student's Enrollment No		Admission Date
Student / Parent's Bank Name and A/c No.		
Bank IFSC Code		
Data Entry Operator Name and Signature		Head Master Name, Signature and School Seal