



RAMANA VIDYANIKETAN

Akshaya Nagar, Ramamurthy Nagar,
Bangalore - 560 016.
Phone : 5656905

Photo

ADMISSION No. :

ADMISSION APPLICATION

(PLEASE FILL COMPLETE FORM IN CAPITAL LETTERS)

1. Name of the Candidate :
(Block Letters)

2. Date of Birth :
DD/MM/YYYY (in words)

3. Sex : (Male / Female)

4. Mother Tongue :

5. Languages Spoken by Candidate :

6. Father's Name :

Occupation :
Annual Income :

7. Mother's Name :

Occupation :
Annual Income :

8. Residential Address :

Office Address :

Phone / Mobile :

E-mail :

9. Parent's Annual Income :

10. No. of dependants :

11. Nationality :

Religion :

Caste :

12. Local Guardian's Name
and address

13. Standard to which admission is sought for
and regional language desired to take :

14. Last School attended :

15. Standard Last studied :

16. Medium of instruction in the last school attended :

17. No. and date of Transfer Certificate :

DECLARATION FROM THE PARENT

I hereby declare that the facts given above are true and correct to the best of my knowledge and belief. I further declare that I will abide by the rules and regulations of the management and shall pay the prescribed fees stipulated by the management.

Place :

Date :

Signature of the Parent / Guardian

Please attach the following documents with your admission form:

1. Copy of birth certificate. The original birth certificate must be produced for verification, at the time of interview/admission. Certificates issued by hospitals will not be considered.
2. Copy of the latest progress report, if a child is seeking admission to Std I and above.
3. Transfer certificate, duly completed and counter signed by education authorities, if a child is seeking admission to Std. I and above.
4. Stamp size photographs (one each of the child. Father, mother and guardian, if applicable).
5. Two passport size photographs of the child.
6. Copy of immunization chart of the child.
7. Address proof.

OFFICE USE :

Reason for Selection/Rejection

If selected

Class

Sec

Registration fee receipt no. /date: _____

Admission fee receipt no. /date: _____

Admission Number: _____

Authorized Signatory