



# Shri Ram Vidya Mandir

Affiliated To CBSE, Delhi

Shyampur Kangri, Haridwar

Affiliation Number- 3530102, School Code- 81134

Phone No. 8057917638, Email- [office@srvm.edu.in](mailto:office@srvm.edu.in)

Website: [www.shriramvidyamandir.com](http://www.shriramvidyamandir.com)

Passport size  
Photograph of the  
Student  
with Mother/Father  
Jointly

Sr. No. ....

## ADMISSION FORM

Class in which admission is sought for: .....

Session .....

1. (a) Name of the child in full (in capital letters) : .....

(b) Sex: Male ☐ Female ☐

(c) Aadhar Card No. ....

2. Date of Birth: 

Day	
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Month	
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Year	
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In words .....

Age of the student as on 31st March: Year 

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 Month 

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 Day 

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3. Blood Group of the child.....

4. Do you belong to gen./SC/ST/OBC/EWS/Disabled/S.G.Child? attach certificate.

Gen. Cat. ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ Disabled ☐ SG Child ☐

5. Details of parents:-

Details of Mother/Father/ Guardian	Mother with Aadhar Card No.	Father with Aadhar Card No.
(i) Name (in capital letters)		
(ii) Nationality & Occupation		
(iii) Name of office & full address with Telephone No.		
(iv) Full residential address with tele. No.		
(v) Permanent Address		
(vi) Annual Income in (Rs.)		



6. Name & Address of local guardian (if any) : .....
7. Name & Address of the School last attended with class: .....
8. Whether last school was CBSE affiliated: .....
9. If, the last school was not affiliated with CBSE, specify the name of the Board.....
10. (a) Result of last examination:.....(b) Percentage.....

11. Subjects proposed to offer: 1..... 2.....  
3..... 4.....  
5..... 6.....

12. Whether the transfer certificate is attached YES/No.:

Date of T.C. ....

13. Mother tongue : ..... Home town .....

#### 14. Health and Physique

Is there any evidence of learning disability (attach full explanation) Yes/No .....Any allergies, History of asthma, epilepsy, diabetes or other major illness or physical disability should be noted here and details to be submitted.

I have not hidden any medical problem in respect of my ward. In case of any injury sustained by my ward during the school authority so ever in total legality.

Date .....	Name of the Parents/Guardian .....
Place .....	Signature of the Parents/Guardian .....
<p><b>15. Please attach the following documents:</b></p> <ol style="list-style-type: none"> <li>1. Duly attested Copy of the Report Card of the school last attended, indicating the class, year and date of birth of pupil.</li> <li>2. Duly attested Copy of birth certificate from Municipal Corporation.</li> <li>3. Aadhar card of the student.</li> <li>4. Aadhar Card/voter Id Card/ Present Address Proof of Parents/guardian.</li> <li>5. Rashan Card of Parents.</li> <li>5. Five Passport Size Photographs of student.</li> <li>6. Caste Certificate: OBC/SC/ST.</li> <li>7. Student's Vaccination Certificate. (Tikakaran Pramaan Patra)</li> </ol>	



**Note:**

1. All Documents should be self attested before submitting the application form.
2. Admission form will be summarily rejected if the above mentioned documents are not enclosed in the prescribed manner.

I Solemnly declare that above particulars about my ward Mr./Ms. \_\_\_\_\_ are correct. I also agree to abide by the rules and regulations of the school as will be in force from time to time.

Date \_\_\_\_\_

Place \_\_\_\_\_

Name of the Parents/Guardian \_\_\_\_\_

Signature of the Parents/Guardian \_\_\_\_\_

**Transport requirement**

I need the school transport from \_\_\_\_\_. I will follow the rules and regulation of the school transport. In case the schools transport fails to report at my Pickup Point, I will drop my child at school and claim no charges for it.

Date \_\_\_\_\_

Signature of Parents/Guardian \_\_\_\_\_

**DECLARATION BY THE PARENTS**

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief.

I shall abide by the rules of the School.

Date: .....

Signature of parents



### FOR THE OFFICE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

Admission Incharge

2. Please admit to class.....Section.....after checking the relevant papers and realise the dues.

Date: .....

PRINCIPAL: .....

Admitted to class.....Section.....Fee Receipt No. ....  
Dated.....issued.

Details of amount received:

Admission Fee	Rs. ....
Annual Fee	Rs. ....
Tution Fee	Rs. ....
Computer Fee	Rs. ....
Bus Fee	Rs. ....
Any Other Fee	Rs. ....

<b>TOTAL</b>	<b>Rs. ....</b>
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Name has been entered in the class Attendance Register: ( ✓ )      Yes ☐ No ☐

Certified that all the entries have been made in the school's Register and the dues have been received.

Registration No. of the student in Admission Withdrawal Register is.....Vol.....

Date: .....

Office Suptd.

Admission considered by the school is in accordance with the provisions of the Board & approved.

Date: .....

Sign. of Principal/ Official Seal

3. Aadhar card of the student

4. Aadhar Card/Voter Id Card/ Present Address Card of the Student

5. Rashan Card of Parents

6. Five Passport Size Photographs of student

7. Student's Vaccination Certificate (Tikarkan Praman Patra)