



APPLICATION FORM

(KINDLY FURNISH INFORMATION IN CAPITAL LETTERS
AND ENSURE THAT THE FORM IS COMPLETE IN ALL RESPECTS)

Affix passport size
photograph

1 Name of the student _____
(Name) (Father Name) (Surname)
2 Date of birth _____ 3 Age _____ 4 Gender _____
(Day Month Year)  
5 Nationality _____ 6 Religion _____ 7 Caste _____
8 Category SC ST OBC General 9 Caste code _____ 10 I Language (Std I TO X) _____
_____ (Hindi/Sanskrit/Kannada) 11 II language (Std V to X) _____ (Hindi/Sanskrit/Kannada/French)

12 Aadhar No _____

13 Father's Name _____
(Name) (Father Name) (Surname)

14 Date of birth _____ 15 Qualification _____ 16 Occupation _____

17 Annual Income _____ 18 Phone No _____ 19 Email _____

20 Mother's Name _____
(Name) (Father Name) (Surname)

21 Date of birth _____ 22 Qualification _____ 23 Occupation _____

24 Annual Income _____ 25 Phone No _____ 26 Email _____

27 Guardian's Name _____
(Name) (Father Name) (Surname)

28 Date of birth _____ 29 Qualification _____ 30 Occupation _____

31 Annual Income _____ 32 Phone No _____ 33 Email _____

34 Address of the Parents/Guardian _____

35 City _____ 36 State _____ 37 PIN _____ 38 Tel Off _____

39 Res _____ 40 Mobile _____

41 Sibling details	Name	Class	Admission No.
	_____	_____	_____
	_____	_____	_____

42 Previous School Record

Sl.no	Name of the school	Class (From to)	From to (Year)	% of marks scored in previous grade	Date of Leaving/Reasons	Total Marks	Average

43 Whether the pupil has produced the school leaving certificate from the last school attended _____

44 Medium of instruction the pupil had taken in the previous school _____ Sports, games and activities involved in _____

_____ Music/Dance _____ Recent accomplishments _____

_____ Whether interested to opt for school transportation _____

MEDICAL INFORMATION

Blood group _____ Immunization Status (Attach photocopy of Immunization card)

OCG OPV OPT Booster for OPV Booster for DPT Measles MMR Typhoid

Hepatitis-B Any other Allergies if any to medicine and food

Hissss of any major illness or disorders, if any _____

Signature of Father/Guardian _____ Signature of the Family Doctor (with seal) _____

Date _____ Tel _____

DECLARATION

KNOWLEDGE IS POWER

Bangalore International Academy
NSVK (STATE)

- I will co-operate with the school authorities in the interest of the institution and in the education of my son/daughter
- I will abide by the rules or regulations which will be implemented in the near future with regard to the progress of the education of the student in the institution.

Signature of the pupil _____ Signature of the Parent/Guardian _____

Place _____ Date _____

DOCUMENTS TO BE ENCLOSED ALONG WITH THE APPLICATION

Two passport photographs of students, father and mother • Birth certificate • Transfer Certificate • Marks Card

• Copy of caste certificate (If required) (SC/ST,2A,2B,3A,3B) • Other relevant documents

FOR OFFICE USE ONLY

Admitted to _____ Standard _____

TC/BC Yes _____ No _____ Caste Certificate _____

Date _____ Place _____

Signature of the Principal