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Velayuthampalayam to Avinashi Main Road, Avinashi Taluk, Tirupur.

Tel: 87540 91999, 0421-2208573, 2239299

e-mail: bvkicse@gmail.com www.bharathischools.org

1.	Name of the applicant	
2.	Last Name / Sur Name	
3.	Gender	
4.	Date of birth in figures(Date/Month/Year)	
5.	Date of birth in words	
6.	Nationality and State	
7.	Religion & Community	
8.	Blood Group	
9.	Admission Grade	
10.	Second Language	
11.	Father's / Guardian's Name	
12.	Father's Educational Qualification	
13.	Father's Occupation / Designation	
14.	Mother's Name	
15.	Mother's Educational Qualification	
16.	Mother's Occupation / Designation	
17.	Residential Address	
18.	Correspondence Address	
	(if different from above)	
19.	Mobile number (Primary)	
20.	Mobile number (Secondary)	
21.	Telephone	
22.	E-mail Id	

Application No.

23 Previous School details

	23	Previous School details					
S.No.		School Name	Locatio	n	Year	Grade	Curriculum (State/CBSE/ICSE/Others)
	24.	Second Language in previous	school				
	25.	Mother Tongue					
	26.	Siblings studying in BVK					
	27.	Siblings applying to BVK along with this application (Name &Class)					
	28.	Is the child undergoing any medical observation? If yes, please mention the sort of medical complication.					
	29.	State the child's interests and achievements in any extracurricular activities.					
Declaration I hereby affirm that the particulars given in the Application form are true and correct to the best of my knowledge and belief. I agree to abide by the rules and regulations of the institution. I shall update the information regarding change of address/phone number, then and there, without fail.							
		Date:				Parent's Sig	gnature/ Guardian
For Office use only:							

List of documents to be attached at the time of admission				
 Passport size photo – 4 nos. Transfer Certificate from previous school 	3. Birth Certificate (Original) 4. Community Certificate(Photocopy)			
School Record				
Grade& Section ——————				
Pupil's admission no.				
Verified by Record keeper	Principal			