



Sri Sri Paramahansa Yogananda Vidyalaya

CBSE Senior Secondary School / Affiliation No. 130175

Rajupeta SPO - 517 401.

Shanthipuram Mandal, Chittoor dist. Rly. Stn : Kuppam, A.P.,

Phone : 08570 – 202399, Email: ssspyv@gmail.com

Website: www.yoganandavidyalaya.org

FOR OFFICE USE

Regn.

Admn.

APPLICATION FOR ADMISSION TO CLASS

1. (a) Name of the Student :

Date :

(b) Sex

: M F

(c) Date of Birth :

(d) Aadhar CardNo. :

(e) Height

:

(f) Weight (kgs) :

(g) Nationality

:

(h) Religion :

(i) Whether the students belongs to : SC / ST / OBC

(enclose xerox copy of certificate)

(j) Mother tongue

:

(k) Other languages spoken :

(l) Proficiency in sports / arts etc

:

Stamp size
Photo with white
background

Father's	Particulars	Mother's
	Name	
	Aadhar Card No.	
	Educational Qualifications	
	Occupation	
	Designation	
	Name of the Company	
	Languages known to speak	
	Annual Income	
Residential Address :	Father's / Mother's Address :	
Phone No. :		
Mobile No. :		
Fax :		
E-mail :		

2. Brothers / Sisters : Please give details of Name, Age, Education, School / College :

3. Schooling record of the applicant (Year - wise) (upto last 4 Years)

Year	Class (L K G onwards)	Name of School	Marks/Grade/Rank

4. Handicap, if any (including health impediments like Asthma, epilepsy etc.)

5. Enclosures : Birth Certificate : Yes / No
 Aadhar Card : Yes / No
 Transfer Certificate : Yes / No
 Caste Certificate : Yes / No
 Latest School Reports : Yes / No
 Five Passport size Photos : Yes / No

Verified with Original Principal

DECLARATION BY PARENTS

I / we declare that the statement above is correct and that the pupil has not attended any other school besides those mentioned above. The child has no medical impediments to make him unsuited for stay in hostel.

The Date of birth as entered in column(i.e.) is correct and no alteration will be demanded in future. I / we shall not discontinue the child from the campus without written consent of the principal. I / we hereby agree to discharge all obligations imposed on me as parent / guardian of the child.

Date :

Father :

Mother :

FOR OFFICE USE ONLY

- | | |
|--------------------|----------------------|
| Admission Orders : | Fees Paid (Rs.) : |
| Class : | Receipt No. & Date : |
| Second Language : | Cash / Cheque No. : |
| Third Language : | |

PRINCIPAL

Manager / Accountant

Date :

Date :