WELSPUN VIDYA MANDIR, SALAV ADMISSION FORM

Form No. _ _		Admis	sion No. _ _ _ _ _	.l					
1) Name of Stu	udent _ _ _ _		_ _ _ (In Block Letters)						
2) Class passed YearRoll.NoMarks ObtainedPercentage									
3) Name of the	School/Board fr	om where the last ex	cam was passed			I			
	peing sort to class is sought to for		(Attach group: - Science/ Commerce	certificate) e					
5) Caste :		, (SC/ST/BC/An	y Reserve Caste/General)_	Contitionto					
6) Date of Birth	n (in figures) Dat	te _ _ Month _ _	Year _ (In Words)	Certificate)					
7) Father's Na	me	Mothe	er's Name(In Block Lett						
,	(In Block Lette	rs)	(In Block Lett	ters)					
8) Permanent	Residential Add	ress							
			Ph.No						
9) Address for	Correspondence	<u> </u>							
			Ph.No						
Name		studying in any brand	ch of the school, give details Class & Section						
UNDERTAKIN We solemnly a	_	undertake the follow	ing:-						
from time to	time, of the scho	ool. Welspun Vidya N	ules and regulations given i ⁄landir, Salav & WELSPUN er the decision of school au	Managing Com	mittee.	heir after			
2) We promise	to pay the full fe	es in time as per the	schedule given.						
and Matricul	lation Certificate.	No request shall be	that it accords with that give made for change in the Dat required certificates are att	te of Birth and p	ercentage				
			al regarding promotion, detention of the second amended there						
		ot guarantee admission he number of vacano	on and that admission is sul cies available.	bject to qualifyir	ng entrance				
Father's S	ign	Mother's Sign	Guardian's Sign	Student's Sig	jn				
Encls: Birth Certificate, Last exam's Certificate Latest scholastic records or examinatio SLC(Countersigned SLC for state chan Photographs			ation result. hange)	Yes/ Yes/ Yes/ Yes/	No No No				
			in by school class						

PRINCIPAL

DATE:-

WELSPUN VIDYA MANDIR, SALAV Revdanda P.O-402202

Raigad-District, Maharashtra

Personal Information Form

	Group Photo of F	Cather + Child	+ Mother			
Sig	gnature of Mother		Signature of Father			
13.	Annual Income					
12	Occupational Address					
11.	Nature of Occupation	Designation	l			
11.	Name of Mother	Educatior	1			
			.Ph.No			
	Occupational Address					
9.	Nature of Occupation	Designation	n			
3.	Name of Father Education					
7.	No. of Brothers	No. of Sisters.				
6.	Handicap, if any		(Attach Certificate)			
5.	Place of BirthDistrict	State	(Attach Certificate)			
ļ .	Birth Date of the Child					
	Gender 3. Bloc	o Group				

Medical Card of the Child

01.	Age of the Child					
02.	Specific Disease (If any)					
03.	Operation undergone if any, past history					
04.	Allergies, if any					
05.	Immunization Details					
	Polio DPT Measles DT Tetanus Typhoid Cholera BCG Hepatitis-A Hepatitis-B Chicken Pox					
Blood	Group	Hb%				
If any	other relevan	t information				