



AKSHOBHYA GROUP OF INSTITUTIONS AKSHOBHYA PUBLIC SCHOOL

100ft Ring Road, Hosakerehalli, Banashankari III Stage, Bengaluru-560 085
(Recognised by Govt. of Karnataka)
STATE SYLLABUS

APPLICATION FOR ADMISSION

Please attach a recent colour passport size photograph of the candidate

Application No: _____

During 20.....-20.....

Instructions:

1. Please fill the application form in CAPITAL LETTERS only.
2. Signature of Parent/Guardian is mandatory.
3. Certified copies of Transfer Certificate, Birth Certificate, Marks Card and Five Passport-Size recent photographs should accompany the application.
4. The original certificates must be produced at the time of admission.

APPLICANT'S INFORMATION

| | | | | | | | | | | | |
|------------------------|--|--|---------------|---------------------------------|--------|-------|-------------|--|--|--|--|
| Name of the student | | | | | | | | | | | |
| Date of Birth: | | Date | Month | | Year | | Age | | | | |
| Gender | | <input type="checkbox"/> Male | | <input type="checkbox"/> Female | | | | | | | |
| Place of Birth | | | Mother Tongue | | | | Nationality | | | | |
| | | Religion | | | Caste | | Category | | | | |
| Correspondence Address | | | | | | | | | | | |
| | | Aadhaar Card Number of Parents: (Father) | | | | | | | | | |
| | | Aadhaar Card Number of Parents: (Mother) | | | | | | | | | |
| | | Aadhaar Card Number of Students | | | | | | | | | |
| | | Pin Code | | | | State | | | | | |
| | | Res. Phone | | | Mobile | | | | | | |

ADMISSION INFORMATION

| | | | | | | | | | | | |
|-------------------------|--|--------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------------|--|--|--|
| Admission Required for: | | <input type="checkbox"/> Pre-Nursery | | <input type="checkbox"/> Primary | | <input type="checkbox"/> Secondary | | <input type="checkbox"/> High School | | | |
| Specify the Class | | | | | | | | | | | |

PARENT'S INFORMATION

| | | | | | | | | | | | |
|-----------------|--|--|--|--|--|------------|--|--|--|--|--|
| Father's Name | | | | | | | | | | | |
| Qualification | | | | | | Occupation | | | | | |
| Contact Phone: | | | | | | Mobile | | | | | |
| E-mail Address: | | | | | | | | | | | |
| Annual Income: | | | | | | | | | | | |
| Mother's Name | | | | | | | | | | | |
| Qualification | | | | | | Occupation | | | | | |
| Contact Phone: | | | | | | Mobile | | | | | |
| E-mail Address | | | | | | | | | | | |
| Annual Income: | | | | | | | | | | | |

PARENT'S OFFICE ADDRESS

Address:

| | | | | | | | | | | | | |
|-------|--|----------|--|---------------------|----------|--|--|--|--|--|--|--|
| | | District | | | Pin code | | | | | | | |
| State | | | | Phone with STD Code | | | | | | | | |

GUARDIAN'S INFORMATION (Where Applicable)

| | | | |
|-------------------------------|--|--|--------------|
| Guardian's Name | | | |
| Relational with the applicant | | | |
| Occupation | | | |
| Residence Phone | | | Office Phone |

Guardian's Address

| | | | | | | | | | | | |
|----------|--|----------|--|--|--|--|--|--|--|-------|--|
| District | | Pin Code | | | | | | | | State | |
|----------|--|----------|--|--|--|--|--|--|--|-------|--|

Name of the Institution Last Attended

Health :

Height :

Weight :

Blood Group:

Allergic To:

IDENTIFICATION MARKS

1. _____ 2. _____

PARENT'S / GUARDIAN'S/PHOTOGRAPH

Attach a recent
passport size
pohotograph of
FATHER

Attach a recent
passport size
pohotograph of
MOTHER

Attach a recent
passport size
pohotograph of
GUARDIAN

PARENT'S / GUARDIAN'S DECLARATION:

I....., Father/Mother/Guardian of.....

Agree to obey the rules & regulation of the institution.

Signature of Parent / Guardian**FOR OFFICE USE ONLY**

Admission No.....Fee paid Rs.....Receipt No.....

Provisional admission is granted subject to the product of all original certificates required as per rules.

Date:

Signature of Principal