



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST (R.)
SRI BGS BOYS / GIRLS HOSTEL

SRINGERI - 577 139.

APPLICATION FOR ADMISSION

Admission Year - 20 / 20

Application Form No. : **782**

1. Name of the Student			
2. Class			
3. Date of Birth			
4. Sex	Male	Female	
DETAILS OF PARENTS	FATHER	MOTHER	
Name			
Educational Qualifications			
Occupation			
Mobile			
Residential Address		Address for Communication	
5. Class to which the Student deserve to Get admitted :			
6. Date of Admission :			

DECLARATION BY PARENT/GUARDIAN

I
Parent/Guardian of do hereby

understand and accept the following fully :-

- a) I certify that the above information is correct and affirm that I will abide by the rules and regulations set by the School which is clearly mentioned in the School Prospectus & School Diary.
- b) I have no objection to help my ward to get counseling support.
- c) In case of any accident or illness, the School Authorities may take the child to the Hospital/Nursing Home as per the condition of the child.
- d) I will not hold the school authorities responsible for injuries/something unpleasant happening, if any to my ward.
- e) I will not hold the school authorities responsible should my ward breaks bounds and abscond from the school and fall into any danger as a consequence.
- f) The documents submitted with this form as mentioned in the checklist of my child/ward are authentic originals or true copies of the documents.
- g) I hereby state and declare that should I or my child/ward not fulfill any one of the above conditions fully or partially or have furnished false documents or incorrect information, then school authorities may advise me to take away the TC of the ward.
- h) We agreed to abide the rules and regulations of the hostel and read the rules and regulations which is provided along with application form. We agreed to follow them without fail.

Date :

Place :

Signature of the
Student

Signature of the
Parents/Guardian

FOR OFFICE USE ONLY

1. Admission No. :	2. Date of Admission :
3. Class Admitted To :	4. Hosteller or Day Student :
5. Remarks :	
6. Any specific information about the students' health condition :	

Date :

Signature of the Warden

Signature of the Head of the Institution