



# HILL VALLEY PUBLIC SCHOOL

(Managed by Hill Valley Group of Institutions)

Changampuzha Nagar P.O, Thrikkakara, Ernakulam-682033

Ph :0484-2577343, Mob :9061074499, www.hillvalley.in

## Application form for admission 20 -20

### **INSTRUCTIONS:**

Please fill carefully all the items in capital letters. **Each item is mandatory**

*Affix a passport size photograph of student*

### **A. PERSONAL DETAILS**

1. FULL NAME WITH INITIALS(IN ENGLISH) :  
(IN MALAYALAM) :
2. GENDER :  MALE  FEMALE
3. DATE OF BIRTH :  <sup>D</sup>  <sup>D</sup>  <sup>M</sup>  <sup>M</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>
4. PLACE OF BIRTH :
5. DATE OF VACCINATION :
6. CLASS ON ADMISSION :
7. NATIONALITY :
8. STATE :
9. MOTHER TONGUE :
10. RELIGION :
11. CASTE :
12. CATEGORY(SC/ST/OBC/OEC/RC/LC/GENERAL/OTHERS) :
13. UID NUMBER-AADHAAR :
14. PERMANENT ADDRESS :  
.....  
.....  
.....  
.....
15. COMMUNICATION ADDRESS :  
.....  
.....  
.....
- MOBILE NUMBER / LANDLINE : .....
16. IDENTIFICATION MARKS OF THE STUDENT
  - 1) .....
  - 2) .....
  - 3) HEIGHT(in cms).....WEIGHT(in kg).....BLOOD GROUP.....

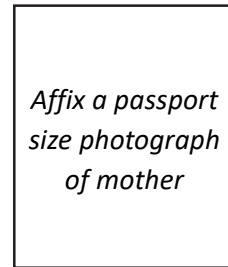
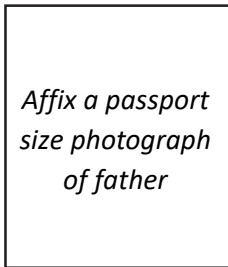
17. EXTRA CURRICULAR ACTIVITIES(specify each)

- SPORTS : / /
- ARTS : / /
- CRAFTS : / /

18. ANY SCHOLARSHIPS,PRIZES,ENDOWMENTS

- NATIONAL :
- STATE :
- DISTRICT :
- SCHOOL :

**B. DETAILS OF PARENTS/GUARDIAN**



NAME OF FATHER / GUARDIAN (if Guardian, specify the relationship)

.....

EDUCATIONAL QUALIFICATION

.....

OCCUPATION / BUSINESS (specify)

.....

DESIGNATION.....

PAN NO.....

AADHAR NO.....

OFFICIAL ADDRESS.....

MOBILE NUMBER (OFFICE).....

.....

(PERSONAL).....

EMAIL ID.....

ANNUAL INCOME

NAME OF MOTHER

.....

EDUCATIONAL QUALIFICATION

.....

OCCUPATION / BUSINESS (specify)

.....

DESIGNATION.....

PAN NO.....

AADHAR NO.....

OFFICIAL ADDRESS.....

.....

MOBILE NUMBER (OFFICE).....

.....

(PERSONAL).....

EMAIL ID.....

PERMANENT ADDRESS :  
HOUSE NO. : VILLAGE :  
POST OFFICE : PIN CODE :  
LOCAL BODY : PANCHAYATH / MUNICIPALITY / CORPORATION  
TALUK :  
DISTRICT : STATE :

**C. SIBLING INFORMATION**

| SL.NO. | NAME | AGE | BROTHER/SISTER | SCHOOL HE/SHE ATTENDED/<br>ATTENDING |
|--------|------|-----|----------------|--------------------------------------|
| 1      |      |     |                |                                      |
| 2      |      |     |                |                                      |
| 3      |      |     |                |                                      |
| 4      |      |     |                |                                      |

**D. TRANSPORT**

WHETHER SCHOOL BUS FACILITY REQUIRED :  YES  NO

IF YES, SPECIFY THE AREA :

**E. DETAILS OF PREVIOUS SCHOOL**

1. NAME OF THE PREVIOUS SCHOOL :
2. REASON FOR LEAVING THE PREVIOUS SCHOOL:
3. DATE OF ADMISSION :
4. T.C. NUMBER WITH DATE :

## **F. DOCUMENTS TO BE ATTACHED DURING THE TIME OF ADMISSION**

**(put a tick mark whichever is required)**

1. SELF ATTESTED COPY OF BIRTH CERTIFICATE OF THE CHILD
2. SELF ATTESTED COPY OF PROOF OF RESIDENCE
3. ATTESTED COPY OF AADHAR CARD OF CHILD AND PAN CARD OF PARENTS
4. COPY OF VACCINATION UPTO 7<sup>TH</sup>
5. ATTESTED COPY OF SSLC CERTIFICATE
6. TWO PHOTOGRAPHS OF STUDENT

## **G. QUESTIONNAIRE**

1. Are you and child willing to join and study here out of your free will and wish:  Yes  No
2. Are you and your son/daughter willing to abide and follow all the rules and regulations of the institution :  Yes  No
3. Are you willing to pay the scheduled fees in time :  Yes  No
4. Are you willing to co operate with school teachers and authorities for the wellness of your son/daughter :  Yes  No
5. Are you willing to ensure that your child can come regularly to school and attend classes :  Yes  No
6. Do you or any family member have any political linkage :  Yes  No
7. Have you or your child been charged with any case or found guilty :  Yes  No
8. Does your child suffer from any medical or mental illness :  Yes  No
9. Does your child have learning disability :  Yes  No
10. Does your child have any physical disability :  Yes  No
11. Will you do any act harmful for the smooth functioning of the school :  Yes  No

## **DECLARATION**

I, Mr./Mrs. \_\_\_\_\_ hereby declare that the above mentioned details are true to my knowledge and belief. Also my child, \_\_\_\_\_ will abide with the rules and regulations of this esteemed institution, failing which the institution and its authorities can issue a compulsory T.C and expel my ward/child with immediate effect.

**SIGNATURE OF PARENT:**

**FATHER:**

**THRIKKAKARA**

**MOTHER:**

**DATE:**

**GUARDIAN:**