



HILL VALLEY HIGHER SECONDARY 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 20 - 20

INSTRUCTIONS:

Please fill carefully at the items in capital letters. **Each item 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 : D D M M Y Y Y Y
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.....

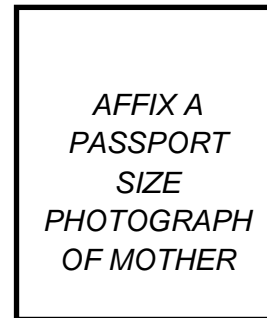
17. EXTRA CURRICULAR ACTIVITIES(specify each)

- 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)

NAME OF MOTHER

.....
.....

.....
.....

EDUCATIONAL QUALIFICATION

EDUCATIONAL QUALIFICATION

.....

.....

OCCUPATION/BUSINESS (specify)

OCCUPATION/BUSINESS (specify)

.....

.....

DESIGNATION.....

DESIGNATION.....

PAN NO

PAN NO

AADHAR NO

AADHAR NO.....

OFFICIAL ADDRESS.....

OFFICIAL ADDRESS.....

.....

.....

MOBILE NUMBER (PERSONAL)

MOBILE NUMBER (PERSONAL)

.....

.....

MOBILE NUMBER (OFFICE)

MOBILE NUMBER (OFFICE)

.....

.....

EMAIL ID.....

EMAIL ID.....

ANNUAL INCOME RS.

PERMANENT ADDRESS (for guardian) :
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/ ATTENDING

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 | <input type="checkbox"/> |
| 2. SELF ATTESTED COPY OF PROOF OF RESIDENCE | <input type="checkbox"/> |
| 3. ATTESTED COPY OF AADHAAR CARD OF CHILD AND PAN CARD OF PARENTS | <input type="checkbox"/> |
| 4. COPY OF VACCINATION UPTO 7 TH | <input type="checkbox"/> |
| 5. ATTESTED COPY OF SSLC CERTIFICATE | <input type="checkbox"/> |
| 6. TWO PHOTOGRAPHS OF STUDENT | <input type="checkbox"/> |

G. QUESTIONNAIRE

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