

B.V.M. WORLD SCHOOL

Recognised vide letter No. DE/Act-I/RTE/Recog./2013/24167-75 Date 11/06/2014
PREM NAGAR, AGGARWAL DHARAMSHALA ROAD, NAJAFGARH, NEW DELHI-43
Ph.: 011-28013074, 8860042660, 9810530763

ADMISSION FOR THE ACADEMIC YEAR_____

First Name	Middle NameLast Name	<u></u>
Date of Birth (dd/mm/yy)		
(in words)		
Age as on 1st April of Academi	ic Session	Paste Passport Size Photograph
Gender : Male / Female		of Student
Do you belong to (SC/ST/OBC	s)	
Nationality		
	ool the child last attended / is attending at Present	
	rs)	
Academic Qualification		
Occupation	Designation	Paste Passpor
Name of Company		Size Photograp
	Mobile	
E-mail :		
Father's Name (In Block Letter	rs)	
Academic Qualification		
Occupation	Designation	
Name of Company		Paste Passpor Size Photograp
Office Address		
	Mobile	
E-mail :		
Annual Income of the family		
Residential Address		
	For Office use only	
	-	onligation received
e of the Child	a	pplication received

[Whether school transport is required or		
[not	
	Distance of School from residence		
١	Details of siblings(s) (Real/Brother/Siste	r)	
		lass Name of Schoo	(
		chool life enriching it in terms of time, shill	
	Cultural	-	
F	Professional		Academics
F	For staff Child, Name of Parent Working	•	
		UNDERTAKING BY THE PARETNS	<u> </u>
e			
te		Signature of the Mother	Signature of the I

I, hereby certify that the information given above by me is true. I, fully understand that if any of this information is found to be untrue at any time, this application will stand cancelled without any notification. I shall abide by the decision of the school in all matters. If my chid is selected I promise to; (a) Abide by the rules & regulations of the school. (b) Be a sincere partner in the onward education of my child. (c) Inculcate & foster the values acquired by my child at School.

PRINCIPAL

8. Please attach Medical Fitness Certificate (Issued by M.B.B.S. Doctor)