



KHARAGPUR VISION ACADEMY

(An English Medium Co-Educational Sr. Secondary School)

Affiliation No : 2430236, School Code : 15653

Affiliated to Central Board of Secondary Education, New Delhi

Sadatpur :: PO - Rakhajungle :: PS - Kharagpur Local :: Dist - Paschim Medinipur :: West bengal - 721301

Website : www.kvaschool.edu.in, E-mail : kvaschool2016@gmail.com

Contact No : 9083213786 / 9775101786



Serial No :

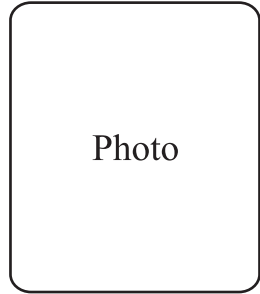
ADMISSION FORM

Candidate Name :

Class Applied for : Session :

Date of Birth : Gender : Male Female Blood Group :

Age as on : Year:.....Month.....Days.....
(Current Date)



Photo

Instructions

- Please fill the application form carefully in **CAPITAL LETTERS** using blue / black ink only.
- Mere submission of application form does not ensure admission. It is subject to availability of seats and fulfilling the admission criteria.
- Date of Birth and spelling of candidate's name should be according to the Birth certificate / last school record.
- Registration fee and all other fees / charge once paid at the time of admission are not refundable under any circumstances.
- Please ensure the following documents are submitted : -
 - At the time of Application (Hard Copy Required)**
 - Duly filled application form
 - Three recent passport size photographs of the candidates (One to be affixed and two to be submitted along with the form)
 - A copy of Birth Certificate self attested by the parents /guardian.
 - Copy of progress report / statement of marks / grade of examination last appeared. (Class - II onwards)
 - At the time of admission**
 - Proof of identification of candidate - Passport / Aadhar Card / Other
 - Proof of identification of the parents / guardian - Passport / Voter Card / Aadhar Card
 - A post card size photograph of the child along with parents, in formal dress.
 - Vaccination record of the child.
 - Transfer Certificate from the previous school.
 - Any other relevant document.
 - All the documents in original for verification

FOR OFFICE USE

Registration Fee Receipt No.

Date of Registration

Interaction / Test Date

Date of Admission

Admission No cum Students Id

Allotment of Section

Signature of Adm. I/C

CANDIDATE'S DETAILS

NAME OF THE CANDIDATE :

DATE OF BIRTH : PLACE OF BIRTH :

NATIONALITY : RELIGION :

CATEGORY : SC ST OBC GENERAL (furnish relevant document in proof of SC/ST/OBC)

PHYSICAL DEFICIENCY / DISABILITY IF ANY :

● ACADEMIC DETAILS OF PRESENT SCHOOL

a. Name of the Present School : Class :

b. Curriculum Followed : CBSE ICSE Other please specify.....
(Applicable for Class - II & Above)

c. Last Exam Appeared :
(Applicable for Class - II & Above)

d. Percentage of Marks Secured :
(Applicable for Class - II & Above)

e. Reason for Leaving Previous School :

f. Has the Child Ever Repeated Class : Yes No

Mother Tongue : English <input type="checkbox"/> Hindi <input type="checkbox"/> Bengali <input type="checkbox"/> Other :
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Second Language Chosen : Hindi <input type="checkbox"/> Bengali <input type="checkbox"/>	3rd Language Chosen (V to VIII)
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Rights of Child : Father <input type="checkbox"/> Mother <input type="checkbox"/>	Hindi <input type="checkbox"/> Sanskrit <input type="checkbox"/> Bengali <input type="checkbox"/> Urdu <input type="checkbox"/>
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Hobbies of Child :

● MEDICAL HISTORY OF THE CANDIDATE

Chronic Ailment (If any) :

Has your Child Suffered From Any Major Illness :

Allergy From Any Medicine :

Any Other Allergy (Please Specify) :

● TRANSPORT FACILITY

Opting for School Bus Service : Yes No

Name of Area Closest Landmark :

Signature of the Students

● **FATHER'S DETAILS**

Father's Name :

Father's Qualification : S. Graduate Post Graduate Professional

Specify Details :

Father's Occupation : Govt. Employee Service Self Employed Business

Specify Details :

Mobile No : E-mail Id:

● **MOTHER'S DETAILS**

Mother's Name :

Mother's Qualification: M.P. H.S. Graduate Post Graduate Professional

Specify Details :

Mother's Occupation : Govt. Employee Service Self Employed House Wife

Specify Details :

Mobile No : E-mail Id:

● **RESIDENTIAL ADDRESS**

Present : At..... PO..... PS.....

Dist..... StatePin No

Permanent : At..... PO..... PS.....

Dist..... StatePin No

● **GUARDIAN'S DETAILS**

Guardian's Name :

Residential Address : Same as Father's Residential Address Same as Mother's Residential Address

Mobile No : E-mail Id:

Guardian's Relationship with the Candidate :

Any specific information about guardianship of the child that the school must know:

Affix recent color photograph of Father
Size : 4.5 X 3.5 cm

.....

Specimen Signature of Father

Affix recent color photograph of Mother
Size : 4.5 X 3.5 cm

.....

Specimen Signature of Mother

Affix recent color photograph of Guardian
Size : 4.5 X 3.5 cm

.....

Specimen Signature of Guardian

DECLARATION

We hereby certify that the information given in the Application Form is complete and accurate. We understand and agree that misrepresentation or omission of facts will justify the denial of admission, cancellation of admission and / or expulsion. We do hereby consent to abide by the Rules and regulations of the school.

If, inspite of the precautions taken by the school, any mishap, accident or injury occurs during the period of our ward's stay in the school, or while traveling from home to the school and back in the school bus, or during educational tours, excursions or campus, we will not hold the institution or any member of the staff wholly or partly responsible for the same.

At the time of withdrawal of the child from the school, parents will sign the withdrawal application.

Signature of Father

Signature of Mother

Signature of Guardian



Students Id Card Details Form

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Students Name Class Sec.....

Sex House Admission No.

Date of Birth / / Blood Group Session.

Guardian's Name :

Address :

.....

Contact No. :

** Please fill the ID Card form carefully in **CAPITAL LETTERS**