



SWAMI VIVEKANAND ACADEMY

P-5, MIDC Area, Chikalthana, Aurangabad

Phone : 2484520 Fax No. (0240) 2484215

e-mail-svaschool@yahoo.com

website-www.svaschool.co.cc

ADMISSION FORM : (2015-16)

- 1) Full name of the student _____
Surname Name Middle name
- 2) Place of Birth _____
Address _____
_____ Phone/Mobile :
- 3) Student's date of Birth (Figures) _____
Age on 01.06.2015 (Words)
- 4) Mother's full name _____
- 5) Father's full name/ _____
Resi. Address _____
Number, if any. _____
_____ Phone/Mobile :
- 6) Occupation _____
- 7) Gross Monthly Income _____
- 8) Educational Qualification – Father _____ Mother _____
- 9) Whether the Mother is _____
employed, if so details
- 10) Admission sought for Std. _____
- 11) Religion and Caste _____
(If, Reserve Category) Attach proof. (Caste Certificate)
- 12) I abide by the Rules of the School or any changes made
therein from time to time.

Date :

Signature of the
Parent / Guardian

(FOR OFFICE USE ONLY)

Date :

Master/Miss _____ is admitted to

Standard _____ Div. _____

Special remarks, if any

HEAD MASTER