



Aralikatti Foundation's  
**MUDHOL ROYAL ENGLISH MEDIUM SCHOOL**  
( Pre - Primary , Primary , Higher Primary )

119  
Form no.: .....

APPLICATION FOR ADMISSION - 20  - 20

PHOTO

Admission Seeking in :

To be completed by Parents / Guardian

Name of the student

ವಿದ್ಯಾರ್ಥಿಯ ಹೆಸರು \_\_\_\_\_

Date of Birth

ಜನ್ಮ ದಿನಾಂಕ \_\_\_\_\_

Sex / ಲಿಂಗ -

Male

Female

Nationality

ರಾಷ್ಟ್ರೀಯತೆ

Religion

ಧರ್ಮ

Caste

ಜಾತಿ

Mother Tongue / ಮಾತೃ ಭಾಷೆ - \_\_\_\_\_

Aadhar No / ಆಧಾರ್ ಸಂಖ್ಯೆ -

Contact No/ ದೂರವಾಣಿ ಸಂಖ್ಯೆ - \_\_\_\_\_

Address

ವಿಳಾಸ

Father name / ತಂದೆಯ ಹೆಸರು - \_\_\_\_\_

Education Qualification/ ಶೈಕ್ಷಣಿಕ ವಿದ್ಯಾರ್ಹತೆ - \_\_\_\_\_

Profession/ ವೃತ್ತಿ/ಉದ್ಯೋಗ - \_\_\_\_\_

Phone no/ ದೂರವಾಣಿ ಸಂಖ್ಯೆ \_\_\_\_\_

Aadhar No / ಆಧಾರ್ ಸಂಖ್ಯೆ -

Mother name / ತಾಯಿಯ ಹೆಸರು - \_\_\_\_\_

Education Qualification/ ಶೈಕ್ಷಣಿಕ ವಿದ್ಯಾರ್ಹತೆ - \_\_\_\_\_

Profession/ ವೃತ್ತಿ/ಉದ್ಯೋಗ - \_\_\_\_\_

Phone no/ ದೂರವಾಣಿ ಸಂಖ್ಯೆ \_\_\_\_\_

Aadhar No / ಆಧಾರ ಸಂಖ್ಯೆ -

Education Qualification/ ಶೈಕ್ಷಣಿಕ ವಿದ್ಯಾರ್ಹತೆ - \_\_\_\_\_

Brothers/ Sisters / ಸಹೋದರ, ಸಹೋದರಿ \_\_\_\_\_

Name of the previous school Attended  
ಹಿಂದಿನ ಸಾಲಿನಲ್ಲಿ ಓದಿದ ಶಾಲೆಯ ಹೆಸರು

**Declaration :**

I / We confirm that all the information provided by me / us is correct . I / we agreed to inform the school promptly in writing of any substitute and agreed to meet out our financial responsibilities fee structure of the school . I / We fully aware and abide by the rules and regulations of the school. School can reserve the application process if any incorrect information given by me / us.

Date : ..... Signature : .....  
( Parent / Guardian )

**Document Submitted : ( Office use only )**

Checklist

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport size photo (3)   | <input type="checkbox"/> Medical Form         |
| <input type="checkbox"/> Child Aadhar card | <input type="checkbox"/> Father's Aadhar card      | <input type="checkbox"/> Mother's Aadhar card |
| <input type="checkbox"/> Income & Caste    | <input type="checkbox"/> T.C / Leaving certificate |   |

Name of the Student : .....

Class : ..... Section : .....

Date ..... Signature .....  
( Admission Officer )

