



# VARANASI VISHWANATH INTERNATIONAL PUBLIC SCHOOL

Shiv Shakti Nagar, Chaubepur, Kanpur  
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E-mail - vvipcnb@gmail.com # Website - www.vvipschool.com

## APPLICATION FORM FOR ADMISSION

Session - 20\_\_\_\_ - 20\_\_\_\_

Scholar No.  Class \_\_\_\_\_ Receipt No.

PLEASE FILL ALL DETAILS IN CAPITAL LETTERS

Personal Details of The student :-

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / (in words \_\_\_\_\_)  
Gender - M/F \_\_\_\_\_ Category - Gen / Sc / ST / OBC \_\_\_\_\_ Religion \_\_\_\_\_  
Nationality - Indian / \_\_\_\_\_ Aadhar No. \_\_\_\_\_  
Name of Previous School \_\_\_\_\_ Class \_\_\_\_\_  
Board of Education \_\_\_\_\_ Reason for leaving previous school \_\_\_\_\_

Affix  
Photograph  
of  
The Student

FAMILY DETAILS :-

MOTHER

Name \_\_\_\_\_ Educational Qualification \_\_\_\_\_  
Occupation \_\_\_\_\_ Aadhar No. \_\_\_\_\_  
Mobile \_\_\_\_\_

Affix  
Photograph  
of  
The Mother

FATHER

Name \_\_\_\_\_ Educational Qualification \_\_\_\_\_  
Occupation \_\_\_\_\_ Aadhar No. \_\_\_\_\_  
Mobile \_\_\_\_\_  
Correspondence Address \_\_\_\_\_

Affix  
Photograph  
of  
The Father

Permanent Address \_\_\_\_\_

GUARDIAN (IF CHILD IS NOT LIVING WITH PARENT)

Name \_\_\_\_\_ Educational Qualification \_\_\_\_\_  
Occupation \_\_\_\_\_ Aadhar No. \_\_\_\_\_  
Mobile \_\_\_\_\_  
Address \_\_\_\_\_

Affix  
Photograph  
of  
The Guardian

Name of the Person \_\_\_\_\_ Relationship \_\_\_\_\_

Details of Brothers/ Sisters of the Student :-

Name \_\_\_\_\_ Age \_\_\_\_\_ Name of the Institution \_\_\_\_\_ Standard \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name of the Institution \_\_\_\_\_ Standard \_\_\_\_\_

Medical Information of the Student :-

Blood Group \_\_\_\_\_  
Going Under Medication (if any) \_\_\_\_\_  
Allergic to \_\_\_\_\_  
Difficulty in Hearing - Yes / No \_\_\_\_\_ Difficulty in Vision - Yes / No \_\_\_\_\_

## DECLARATION FROM THE PARENTS

I/We hereby apply for admission for above named student to Varanasi Vishwanath International Public School Chaubepur, Kanpur and certify that information furnished by me/us is complete and correct to the best of my/our knowledge. I / We authorize **Varanasi Vishwanath International Public School Chaubepur, Kanpur** to contact previous school and other sources to obtain information to support this application. The undersigned Parents/ Guardian also understand that a positive and constructive working relationship between School and Parents/Guardian of the student, it's to the fulfillment of the school's mission.

Signature of Parents / Guardian -

Mother \_\_\_\_\_

Father \_\_\_\_\_

Guardian \_\_\_\_\_

### ENCLOSURES

(All documents are mandatory at the time of admission)

Birth Certificate

Transfer Certificate - Original copy

Study Certificate (Photocopy of report card)

Blood Group Report

Passport size photos of Child (2 copies)

Passport size photos of Parents (2 copies)

Aadhar Card copy of Parents and Child

Community Certificate for Scheduled Castes/Scheduled Tribes/ Other Backward Classes

### ENTRANCE TEST

Date of Test \_\_\_\_\_ Result \_\_\_\_\_

Remarks

\_\_\_\_\_  
\_\_\_\_\_

Date of Admission \_\_\_\_\_

### FOR OFFICE USE ONLY

Scholar No. : \_\_\_\_\_

Admission Fees paid on - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Transportation Availed - Yes / No

Bus / Van No. \_\_\_\_\_

School Stamp \_\_\_\_\_

Date : \_\_\_\_\_

Admission Co-ordinator

\_\_\_\_\_  
Signature of the Principal  
(with Stamp)