

SIVA SIVANI PUBLIC SCHOOL

VISAKHAPATNAM

APPLICATION FORM

Admission No.							
Name of the Candidate (in block letter)							
Name of the Father / Guardian							
Occupation							
Name of the Mother							
Sex Boy Girl							
Date of Birth							
Nationality Religion	Religion						
aste SC ST BC OC Mother Tongue							
Year of Admission							
Student's Aadhar No. Mother's Aadhar No.							
Class to which Admission is sought Ration Card No.							
Identification Marks Mother's Bank A/c No.							
1.							
2.							
Language preferred : Hindi Telugu							
School in which pupil is studying at present Class							
Recognised / Affiliated / Mention the Board :							
Names of Brothers / Sisters if any studying in the School							
Transport Stage :							

Choose activities	Cricket		Skating	Yog	ja	Drawing	
	Basket Ball		Dance	Foc	ot Ball		
	Martial Arts		Music	Rot	botics		
	Martial VIII		IVIUSIC	1100	Jones		
Address for correspo	Address for correspondence		Permanent Address				
Phone :				Mobile :			
Additional information	on if any						
1			parent	/ guardian of			
selected for admi-							
		all the rules o	of the school	which are in forc	e and that v	which may come into force	
from time to time.							
I also agree to abi	ide by the de	cision of the P	rincipal in all r	naters of disciplir	ne concernir	ng the school and my ward	
I understand that	fees once pa	aid will not be r	refunded to m	e and I shall abid	de by the dat	tes of payments of the fees	
given in the diary	and the circ	culars given fro	om time to tim	ie.			
Lunderstand that	at the time o	of withdrawing r	mv child from	the school a term	n's notice is r	required to be given by me	
I understand that last date for applying for Tansfer Certificate is 30th April of the academic year. I understand that term's fee will be charged for the application for Transfer Certificate received after 30th April.							
term's ree will be	charged for	the application	1 for Transier	Certificate receiv	ved aπer 30	th April.	
Signature of the p	parent / guar	dian				Signature of the Principa	
			FOR OFFICE	USE ONLY			
Admn. No.	:			T.C. No.	:		
Admitted in class	s :			Left in class	:		
Date of Admission	on :			Date of Leavir	ng :		
Date of Birth Ce	rtificate :						
Original T.C.	:						
Progress Report	t :						