



Estd. 1983

THE RAMAKRISHNA VIVEKANANDA VIDYAMANDIR

Residential Senior Secondary Boys' School; Affiliated to CBSE, N. Delhi (A. No. 03430100)

At & Post Jasidih - 814 142, Dist. - Deoghar (Jharkhand)

Office Contact No.: +91 7070194790 – 92; 7485093119 - 20

Web: www.therkvvm.org, email: contact@therkvvm.org

APPLICATION FORM FOR ADMISSION 20..... – 20.....

(FILL IN THE FORM IN ENGLISH BLOCK LETTERS ONLY)

1. **Details:** Candidate's Name:
- A. Date of Birth:/...../20.....; Age as on 01/04/20..... : Y M D
(Please attach the photocopy of Birth Certificate duly attested by a Gazette Officer.)
- B. Name & address of the school in which now reading:
....., Board:, Medium:
Class in which now reading, Vernacular preferred: (Hindi/Bengali)
(Please attach the photocopy of the mark sheet of the last examination attended and annual result of the previous class duly attested by the head of the institution or a gazetted officer)
- C. Admission sought in class:, Height: cm, Weight: kg
Nationality:, Religion: Blood Group:
Aadhar No. (Please attach the photocopy of Aadhar Card)
Caste: Gen SC ST OBC, In case of OBC specify tribe: Mother Tongue:
- D. Special aptitude and interest:
- E. Does he suffer from bed-wetting, insomnia, asthma, stammering or any disease/disorder or is under any medication? (Give full information)
- F. Allergic to (if any):
(MEDICAL FITNESS CERTIFICATE BY ANY QUALIFIED MEDICAL PRACTITIONER NOT LESS THAN MBBS TO BE PROVIDED)
2. Father's Name : Personal Details :
Qualification:, Occupation:, Contact No. :
3. Mother's Name : Personal Details :
Qualification:, Occupation:, Contact No. :
4. Guardian's Name : (only if father is not the guardian)
Relation with the candidate :
Qualification:, Occupation:, Contact No. :
5. Combined Annual Income :
6. Address : (i) Present (Mailing) :
PO Dist. State PIN
Contact No:/...../..... Email:@.....
(ii) Permanent :
PO Dist. State PIN
Phone no. with STD code Mobile No.
7. Local Guardian's Name (if any) Personal details -
Relation with the candidate: Address:
Qualification :, Occupation :, Contact No. :
8. Sibling studying in the institution (Name and Adm. No.):

Paste recent passport size photograph of the candidate (Name and Date of photograph to be mentioned)

Last Date of Submission:

Without Late Fee: 15th January
With Late Fee: 31st January (₹ 50/)

For Office Use Only:

App. No. Reg. No.: Date:

.....
(Please note that it is in the interest of the parents/guardians, not to depute a person other than a relative as local guardian.)

PARENT’S/GUARDIAN’S DECLARATION

I, hereby declare that the statement made herein are true to the best of my knowledge. I am aware of the rules and regulations of the institution furnished in the school prospectus and I accept that these may be changed from time to time. I am aware that those are proper and necessary for the better education of my ward. I shall co-operate with the school management in every respect to enable them to educate my ward according to the rules and regulations as they frame from time to time.

I shall take proper care in the studies of my ward while he will be at home during the vacations. I shall be fully responsible for the regular payment of the instalments (fees) and other charges of my ward within the due dates. In case of breach of discipline or neglect of studies or in the interest of the institution my ward’s name may be removed from the institution at the discretion of the Director.

If my ward is withdrawn or removed from the institution before the end of a session, I shall pay compensation for the remaining month of the academic year i.e. upto 31st March of the ongoing academic year at the rate of Rs. 800/- per month before applying for the Transfer Certificate.

I further declare that my ward is not suffering from any disease or infirmity and does not suffer from insomnia, asthma, bed wetting and is not allergic to any food item or medicine.

In all matters of dispute or differences, the decision of the Director of the institution will be final and binding on me.

I shall abide by the rules of Admission, Selection and Removal, as well as other rules and regulations of the institution, and in accordance with the same, I hereby apply for my ward’s admission.

Date

Space for Signature of the Candidate’s Father

NB:

1. An incomplete form will be summarily rejected.
2. Candidate will have to produce Transfer Certificate (Original) at the time of admission.
3. Please attach the following documents along with the application form:
 - a. Birth Certificate of the candidate (Photocopy on attestation),
 - b. Medical Fitness Certificate from a Medical Practitioner not less than MBBS (in original),
 - c. Photocopy of marksheet of the last examination attended and annual result of the previous class duly attested by the head of the institution or a gazetted officer, and
 - d. Aadhar Card (Photocopy)
4. Photographs requirements:
 - a. Three passport sized photographs of the candidate with name and date of photography mentioned on it,
 - b. One postcard size (4” x 6”) group photograph of the candidate along with family members residing in it;
 - c. Passport sized photograph of the local guardian if applicable

FOR OFFICE USE ONLY

As per the Admission Test held on:

Date of Admission:

Class in which admitted:

Vidyamandir Reg. No.:

Date of Joining in the Vidyamandir:

Signature of Record Keeper