

RAMYA SATHIANATHAN

VIDHYASHRAM

Aalakkudi Road, Vallam Post THANJAVUR – 613 403, TAMIL NADU, INDIA Mobile: 88832 33800

REGISTRATION FORM cum APPLICATION FOR ADMISSION

Inst	ruct	ions for Paren	ts/Legal G	<u>uardia</u>	ns :-												-	-		-	٦
a	. P	arents or Legal lling this form arents / Legal C thers.	Guardians	are re	queste												take	ix rec	sspor		
C	. A	Il the particular	rs should be	neatly	, legi	bly and	correc	tly fi	lled u	ip in	CAPI	TAL	LET	TE	RS			ze co			
d		NLY Xerox Co															PHO	TOG	RAP	H	
e	. Ir	relevant/unwan	ted particul	ars wh	ereve	r # is n	narked	shoul	d be	struc	k-off						of t	he C	HILI		
f.	S	ome particulars	details are	requir	ed on	ly for s	tatistic	al pu	pose												
1.	F	ull Name of	the CHILI);																	
		()	For every	full-st	op o	r every	spac	e in	nam	e-spe	lling	use	one	bo	x ea	ich)					
												V									
2.	(Class in to wh	ich registr																		
3.		Option of II &																			
(a) E	ENGLISH is t	he FIRST	Langu	age	for all	Child	en.													
(b) I	HINDI should	be opted b	y the	Chile	d comp	ulsori	ly eit	her a	is the	e Sec	ond	Lan	gua	ge o	r as	the T	hird	Lang	guage	;)
		r 2 nd Language												t							
	7	r 3 rd Language	(From V	to V	II):	# Ta	mil /	Hino	li / I	renc	h / Sa	ansk	rit								
		Date of Bir Attach Xero					icate i	ssned	l hv	the	comp	eter	nt an	thor	rities						
		7 Attach Acre	Т	tile		T			1	-	-					-			7		
			D	ate			Mon	th						Year	r			13.13.			
		In Figures																			
		In Words																			
	Е	3. Age of the	CHILD c	alcula	ted a	is on	31 st M	larch	20	:											
						In Year								In	Mon	th		5-1			
		In Figures				1.00								7.8	1101						
		In Words	42 14 15 1													1					

Place of Birth of	the Child: City/Village	* *	* 1 2
District:	Stat	e:	Country:
Sex / Gender of	the Child : # Male / Fem	nale / Transgender	
A. Nationality	: # Indian / Otl	ner - Specify:	
B. Religion	: # Hinduism/C	hristianity / Islam / Others -	Specify:
A. Community (Specify) :		
B. Does the Chil		: # Yes/No If Yes	
Mother Tongue of	the Child :		
Whether the Child	belongs to Minority?		
Particulars of Parer	nts or Guardians (Legal or Au	thorized Local Guardian):	
	FATHER	MOTHER	# LEGAL/AUTHORIZED LOCAL GUARDIAN
Name in Full			
Relationship to the CHILD	Not Applicable	Not Applicable	
Educational Qualification			
Occupation / Profession			
Annual Income			
Phone No. Mobile No. Email ID			· A,
Address			
Transfer Certificate by the Head of Ins	of PREVIOUS SCHOOL - , Pass Certificate, Mark Staten titution should be enclosed:		
A. Name and Ad	dress of the School:		
B. Is the School	a Government or Govt. Aideo	1?: # Govt./Aided /Private	e/Public/Other
C. Class last Atte	ended: Whether	Promoted or Not: #Promo	ted/Failed
D. Medium of In			
B. Mediani of II.	struction : # English/Tam	il/Other- Specify:	
	struction : # English/Tam wed:# CBSE/ICSE / Matric/		an/IB/IGCSE/ Other - Specifi

13.		ency/Achievements in Sports & Game er special field. Furnish details – if		:	
		pies of relevant certificates may be a		•	
14.	Details	of SIBLINGS, if any		:	
	SI. No.	Name of Sister or Brother	Age	Class - if Studying	Name & Address of Institution
	01				
	02		-		
	03				
15.	Will th	e Child be interested/willing to joi	n in useful	activities ?	
16.	Will the	e Child be interested if Day-Boardin	ng is offered	?	
17.	A. Bloo	d Group of the Child (@ Lab Repo	ort required)		: ***
18.		Child suffering from any ailments edical Doctor's certificate may be atta		/ No If Yes,	brief details:
19.	(If Yes	ne Child need School Transport?: # , "Application for School Transport" ering the safety of our young Children	should be s		
		Declaration b	y the Par	rents / Guard	lians
	I/WE	have gone through the Guide	lines and	filled up this	s form accordingly.
that belie	the pa	the Parents / Guardians of articulars furnished above are t		orrect to the	best of my/our knowledge and
entir					s only the preliminary part of the GUARANTEE from the School

I/We do realize and accept the fact that this Registration is only the preliminary part of the entire process of admission & hence NOT in any way a GUARANTEE from the School Authorities for admission to my/our Child. I/WE assure that I/WE will neither claim for admission nor for the refund or transfer of the registration fee paid at any stage.

I/We solemnly assure that, if any particulars furnished in this form is found to be factually wrong at any time after admitting my/our Child I shall unconditionally abide by whatever decision taken by the School Authorities without any plea or protest.

I/We do hereby agree that I/We will abide by the rules and regulations of RSV that are in force from time to time in the best interest of RSV in general and our Child in particular. As responsible Parents/Guardians as well as a Stake-holders of RSV we will whole-heartedly contribute our best to RSV and it's phenomenal growth and expansion.

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	ature date		MOT	HER			4 5-1-		28					¢	
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_			GUA h date		N N						tionshi the C	Α.		, ,	-
	Ente	ies f	ound i	n the	Form are v	# Strik	e-off th	ne unv	Office U wanted / i e / Incom	rrelevan	t)				
	(For	any	y incom		entry Par will not be			shoul	ld give a	a letter	request	ing fo	or limite	d time;	till i
	(For	any plete d Ac	y incomed admi	ission		grante		Gu (Hı	uardian usband)	Yes	No	Gı (ıardian Wife)	d time;	till i
	(For comp	any plete d Ac	y incord d admi compa	nied to	will not be o "RSV" b	grante y: # Yes	No No	Gu (Hu Rela	uardian usband) ationship	Yes	No	Gu (uardian Wife) ationship		
	(For comp	er any	y incord d admi compa	No No	will not be o "RSV" b Mother Attachmen	y: # Yes Yes	No No	Gu (Hu Rela	uardian usband) ationship	Yes d (Xer	No	Gu (Rela pies o	uardian Wife) ationship only):		No
	(For comp	of l	y incompa d admi compa Yes	No No f Docu	Mother Attachmen	y: # Yes Yes	No No ceived	Gu (Hu Rela	uardian usband) ationship Received	Yes d (Xer	No ox Cop	Gu Rela pies o	uardian Wife) ationship only):	Yes	No
	(For comp Child Fathe List Sl. No.	of l	y incord admir ecompa Yes Enclos	No Sures / Docutificate	Mother Attachmen	y: # Yes Yes	No No ceived	Gu (Hu Rela	uardian usband) ationship Received Sl. No.	Yes d (Xer	No No Ox Cop of Doc ates of	Gu Rela pies o	uardian Wife) ationship only):	Yes	No
	(For comp Child Fathe List Sl. No.	of l Bit Co	y incompadiate description of the compadiate description of the co	No Sures / Docutificate	Mother Attachmen	y: # Yes Yes	No No ceived	Gu (Hu Rela	uardian usband) ationship Received Sl. No.	Yes d (Xer Name Certification Affidav	ox Cop of Doc ates of it	Gu (Relapies of	uardian Wife) ationship only):	Yes	No
	(For comp Child Father List Sl. No.	anyplete d Accer of I Bii	y incord admission yes Enclose Name of the Certain C	No No Tures / f Docutificate ty Certific	Mother Attachment	y: # Yes Yes	No No ceived	Gu (Hu Rela	wardian usband) ationship Received Sl. No. 07	Yes d (Xer Name Certificate Affidav Medical Lab' Re Child's	ox Cop of Doc ates of it	Relationers of the content of the co	uardian Wife) ationship only):	Yes	No
	(For comp Child Fath List Sl. No. 01 02	anyplete d Accer of I Bit Cocce Tra	y incompa decompa Yes Enclose Name of the Certificate ansfer (No Sures / f Docutificate ty Certific	Mother Attachment attachment attachment	y: # Yes Yes	No No ceived	Gu (Hu Rela	uardian usband) ationship Received Sl. No. 07 08	Yes Name Certific Affidav Medical Lab Re Child's + 2 Add	ox Cop of Doc ates of it I Certification	Relapies of the comment of the comme	uardian Wife) ationship only):	Yes	No

Name of Staff Verified :-

Signature with Date & Time:

PRINCIPAL