S.S.B.E.T. ®

GREEN VALLEY ENGLISH HIGH SCHOOL

CBSE SYLLABUS



Affliated to CBSE, New Delhi.

Chunchaghatta Main Road, Konanakunte Bengaluru - 560062

E-Mail: admin@gvehs.com

Affl. No. 830618

Ph: 080-26320293 080-26321572 +91 9743455551

ADMISSION NO:

FOR	Olication THE STUDENT Les, using CAPITAL LETTERS, wherever boxes are provided. Incomplete applications will not be accepted	RECENT PASSPORT-SIZE				
FULL NAME:						
DOB:	DD / MM / YYYY SEX: MALE FEMALE BLOOD GROUP					
AADHAR NO. :	RELIGION:					
CASTE:	CATEGORY:					
MOTHER TONGUE:	INCOME CERTIFICATE NO. :					
SATS NO. :	CASTE CERTIFICATE NO. :					
	(AVAILABLE WITH THE PREVIOUS SCHOOL)					
PARENTS' DETA FATHER'S NAME	[
OCCUPATION:	OCCUPATION:					
QUALIFICATION	QUALIFICATION:					
PHONE :	PHONE :					
AADHAR NO. :	AADHAR NO. :					
ANNUAL INCOM	: ANNUAL INCOME :					
E-MAIL:	E-MAIL:					
ADDRESS FOR C	OMMUNICATION OFFICE :					
TOME.						
	PIN CODE					
PERMANENT AD	DRESS					
AND 1 1 100 1 1 100 1 1 100 1 1 100 1 1 100 1 1 100 1 1 100 1 1 100 1 1 1 100 1						
CITY:	STATE: PIN CODE	T T				

		PREVIOUS SCHOOL STUDIED		
APPLYING TO	NAME:		T.C. NO	
		F		
	CLASS:			
			DATED	
	MEDIUM:			
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ENCLOSURES

- 1. PHOTOCOPY OF CHILD'S BIRTH CERTIFICATE.
- 2. TRANSFER CERTIFICATE (ORIGINAL).
- 3. MARKS CARD OF THE PREVIOUS SCHOOL.
- 4. PHOTOCOPY OF AADHAR CARD (CHILD'S & PARENTS).
- 5. MIGRATION CERTIFICATE, IF CHANGE OF SYLLABUS
- 6. PHOTOCOPY OF CASTE AND INCOME CERTIFICATE.
- 7. CHILD'S & PARENTS' PHOTOS (PASSPORT & STAMP SIZE EACH 2)
- 8. MEDICAL CERTIFICATE (IF APPLICABLE)

NOTE: SCHOOL FEES ONCE PAID IS NOT REFUNDABLE

DECLARATION

I, MR/MRS		,THE PARENT / GUARDIAN OF		HEREBY		
	<u> </u>	İ				
DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.						

SIGNATURE OF THE PARENT / GUARDIAN

PARTICULARS TO BE FILLED BY OFFICE ONLY

THE STUDENT		SON / DAUGHTER OF	
IS ADMITTED TO			
DATE OF ADMISSIO	ON:		
PLACE:			

SIGNATURE OF THE PRINCIPAL