



**50 GOLDEN YEARS
SUDARSHAN VIDYA MANDIR
PRE-PRIMARY SCHOOL**

4th 'T' Block Jayanagar, Bangalore-560 041
Phone: 22459835/26546221
E-mail : info@sudarshanvm.in
Website : www.sudarshanvm.org

For Office use
Registration No.

Recent Photograph
of the Child

REGISTRATION FOR NURSERY 2019-20
Pre-KG(BalVikas), LKG & UKG

Parents photo

Standard	Category	Age by 1st June of the academic year
Bal Vikas	Pre-Nursery	2 Years 6 Months
LKG	Nursery 1	3 Years 6 Months
UKG	Nursery 2	4 Years 6 Months

Please note:

1. Write in **CAPITAL** and Legible letters.
2. All the fields are mandatory. Incomplete forms are not processed.
3. Enclose Photograph and Birth Certificate of the child.

Candidate's Information

1. NAME OF THE STUDENT	BOY	GIRL				
.....						
2. DATE OF BIRTH IN FIGURES	D	M	Y			
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
AGE AS ON	<input type="text"/> Years	<input type="text"/> Month	<input type="text"/> June 2019			
3. STANDARD TO WHICH ADMISSION IS SOUGHT	BV	<input type="text"/>	LKG	<input type="text"/>	UKG	<input type="text"/>
4. AADHAR No.						
5. NAME & STANDARD OF BROTHER/SISTER STUDYING IN SVM (<u>NOT</u> COUSINS / RELATIVES)						
6. PLEASE MENTION IF EITHER /BOTH PARENTS STUDIED IN SVM WITH NAME.						

Parents Dwelling Information

<p>7. FATHER'S NAME</p> <p>QUALIFICATION DESIGNATION.....</p> <p>OFFICIAL ADDRESS.....</p> <p>ANNUAL INCOME PAN NO.....</p> <p>EMAIL.....</p> <p>PHONE NOs.</p>
<p>8. MOTHER'S NAME</p> <p>QUALIFICATION DESIGNATION.....</p> <p>OFFICIAL ADDRESS.....</p> <p>ANNUAL INCOME PAN NO.....</p> <p>EMAIL.....</p> <p>PHONE NOs.....</p>
<p>9. RESIDENTIAL ADDRESS</p>
<p>10. Would you like to avail transport provided by the school if yes</p> <p>11. Approximate distance [in kms] from residence to school</p>

Child's Medical History

12. Has your child crossed the requisite milestones at the appropriate age.	Yes		No	
13. Has your child experienced or is at present experiencing any difficulty in any of the following areas?				
Vision	Yes		No	
Hearing	Yes		No	
Speech	Yes		No	
Epilepsy	Yes		No	
Respiratory related problems	Yes		No	
Cognition	Yes		No	
Physical Movement	Yes		No	
Concentration (Ability to focus on any activity)	Yes		No	
14. Is your child toilet trained	Yes		No	

SIGNATURE OF THE FATHER	_____			
	SIGNATURE OF THE MOTHER			