



GOVERNMENT OF KARNATAKA

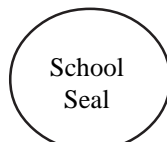
STUDENT ENROLLMENT FORM - FOR THE YEAR .....

School Name and Location: .....

| Admission Details                       |  |
|---|--|
| 1. Admission to Class *                 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| 2. Semester *                           | <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2  |
| 3. Stream *                             | <input type="checkbox"/> NA <input type="checkbox"/> COMMERCE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> SCIENCE <input type="checkbox"/> ARTS   |
| 4. Medium Of Instruction *              | <input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu   |
| 5. Mother Tongue *                      | <input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marati <input type="checkbox"/> Tamil <input type="checkbox"/> Telagu <input type="checkbox"/> Others (Please Specify)   |
| Previous School Details (If Applicable) |  |
| 6. Previous School Affiliation *        | <input type="checkbox"/> State <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other (Please Specify)   |
| 7. Transfer Certificate No.             | 8. Transfer Certificate Date   |
| 9. Previous School Name *               |  |
| 10. Previous School Type *              | <input type="checkbox"/> Government School <input type="checkbox"/> Private Aided School <input type="checkbox"/> Local Bodies <input type="checkbox"/> Private Unaided School   |
| 11. Pincode                             |  |
| 12. District *                          | 13. Taluk * 14. City / Village / Town *  |
| 15. Previous School Address             |  |
| Student Details                         |  |
| 16. Student Name * (Eng)                | .....<br>(First Name) (Middle Name) (Last Name)  |
| 17. Father Name *                       | .....<br>(First Name) (Middle Name) (Last Name)  |
| 18. Mother Name *                       | .....<br>(First Name) (Middle Name) (Last Name)  |
| 19(a). Father's Aadhaar No.             | 19(b). Mother's Aadhaar No.  |
| 20(a). Date of Birth *                  | (in words)<br>20(b).Age * years month  |
| 21. Age Appropriation Reason            |  |
| 22. Aadhar UID no.                      | 23. Urban / Rural * <input type="checkbox"/> Urban <input type="checkbox"/> Rural  |
| 24. Gender *                            | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender   |

|   |   |                |  |
|---|---|----------------|--|
| 25. Religion *  | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddha <input type="checkbox"/> Parsi <input type="checkbox"/> Jain<br><input type="checkbox"/> Others (Please Specify)  |                |  |
| 26(a). Student's Caste Certificate No.  | 26(b). Student Caste  |                |  |
| 27(a) Father's Caste Certificate No.  | 27(b). Father's Caste   |                |  |
| 28(a). Mother's Caste Certificate No.   | 28(b). Mother's Caste   |                |  |
| 29. Social Category *   | <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST   |                |  |
| 30(a). Belong to BPL  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 30(b). BPL Card No.   |                |  |
| 31. Bhagyalakshmi Bond No.  |   |                |  |
| 32. Disability Child *  | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Autism <input type="checkbox"/> Physically Handicapped<br><input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Loco motor impairment<br><input type="checkbox"/> Mental Retardation <input type="checkbox"/> Multiple Disability <input type="checkbox"/> Speech Impairment<br><input type="checkbox"/> Visual Impairment (Blindness) <input type="checkbox"/> Visual Impairment (Low-vision) <input type="checkbox"/> Cerebral Palsy |                |  |
| 33. Special Category  | <input type="checkbox"/> None <input type="checkbox"/> Destitute <input type="checkbox"/> HIV Case <input type="checkbox"/> Orphans <input type="checkbox"/> Others (Please Specify)  |                |  |
| <b>Student Contact Details</b>  |   |                |  |
| 34. Pincode *   | 35. District *  | 36. Taluk *    |  |
| 37. City / Village / Town *   |   | 38. Locality   |  |
| 39. Address *   |   |                |  |
| 40(a). Student's Mobile No.   | 40(b). e-mail id  |                |  |
| 41(a). Father's Mobile No. *  | 41(b). e-mail id  |                |  |
| 42(a). Mother's Mobile No   | 42(b). e-mail id  |                |  |
| <b>Note :</b><br>- Fill this form in capital letters only.<br>- (*) sign indicate compulsory field. |   |                |  |
| <b>Parent's / Guardian's Signature</b><br>.....   |   |                |  |
| <b>(For Office Use Only)</b>  |   |                |  |
| Student Enrollment No   |   | Admission Date |  |
| Student / Parent's Bank Name and A/c No.  |   |                |  |
| Bank IFSC Code  |   |                |  |

Data Entry Operator Name and Signature



Head Master Name, Signature and School Seal