

V.V.S. Gandhi Centenary Play Home (Pre-Nursery)

I Block, Rajajinagar, Bangalore - 10

Instructions To Parents

Registration for Playhome for children born between November 2013 and October 2014 will begin from 1st of September 2016.

Parents are requested to take a print out from the school website - <http://vvsgcs.org>, fill in all the columns and submit the same in the school office [Dhruvadhama] along with a Xerox copy of the Birth Certificate and a passport size photograph of the child.

Parents to bring the original Birth Certificate for verification.

The filled in form is to be submitted by 28th Sept 2016, Wednesday.

Timings for submission : 9:30 a.m to 11:00 a.m on all working days.

Note :- This information may be shared with others who wish to apply.

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Registration Form

DATE : _____



1. NAME OF THE PUPIL WITH INITIALS (IN BLOCK LETTERS)

_____ BOY ☐ GIRL ☐

2. DATE OF BIRTH : IN WORDS _____

_____ **IN FIGURES** _____ **PLACE OF BIRTH** _____

3. NATIONALITY : _____ **RELIGION** : _____

CASTE : _____ **MOTHER TONGUE** : _____

4. DETAILS OF PARENTS : **FATHER'S AGE** ☐ **MOTHER'S AGE** ☐

5. NAME : _____

6. QUALIFICATION : _____

7. OCCUPATION / DESIGNATION : _____

8. NAME OF THE ORGANIZATION: _____

AND ADDRESS _____

9. IF BUSINESS (MENTION THE TYPE): _____

10. INCOME PER MONTH : _____

11. HOBBIES : _____

12. RESIDENTIAL ADDRESS : _____

13. MOBILE NOs : _____

DETAILS OF SIBLINGS PRESENTLY STUDYING IN V.V.S.G.C. / S.P.H.S

A) NAME : _____ CLASS & SECTION : _____ BOY / GIRL : _____

B) NAME : _____ CLASS & SECTION : _____ BOY / GIRL : _____

IF ONE OF THE PARENTS OR BOTH HAVE STUDIED IN V.V.S INSTITUTION, MENTION THE DETAILS:

NAME OF THE INSTITUTIONS A) _____ YEAR / YEARS OF STUDY A) _____

B) _____ B) _____

DETAILS OF YOUR CHILDREN STUDYING IN ANY OTHER SCHOOL :

A) NAME : _____ CLASS & SECTION : _____

B) NAME : _____ CLASS & SECTION : _____

IF FATHER / MOTHER IS AN EMPLOYEE OF V.V.S., SPECIFY :

NAME OF THE INSTITUTION : _____ DESIGNATION : _____

DATE OF ENTRY INTO SERVICE : _____ NO. OF YEARS OF SERVICE : _____

MENTION YOUR E-MAIL ID :

FATHER :

MOTHER :

SIGNATURE OF THE FATHER

SIGNATURE OF THE MOTHER