

## Sri Ramakrishna Vidyarthi Mandiram (A Unit of Ramakrishna Math, Basavanagudi)

GAVIPURAM, BENGALURU-560 019. Phone: 080-26675351 / 52 / 56 E-mail: vidyarthi.mandiram@gmail.com Web: www.srvm.org



NO.	APPLICA	ATION FOR ADMISS	SION	
1.	Name in full (in capitals):			
2.	i) Ageii) Date of birth	iii) Aadhar No		.
3.	Marks obtained in Std. X / Previous Year Examination Passed. Subjects Marks Obtai	ned Subjects		Marks Obtained
				rcentage
4.	Name and the address of the School	_		
5.	Extra Curricular Activities ( <i>Please give details and attach certificates</i> ):			
6.	College in which admission is sough	at & address of the college	:	
7.	Father's name and full address :			
_	E-mail:			
8.	Mother's Name			
9. 10.	Occupation of parents: Father  Name and full address of local guardian:			
			Phone No	
			Mobile No	
11.	Name, address and year of stay of any of the relatives who is an old inmate of the Mandiram :			
			Phone No	
			Mobile No	
12.	Blood Group: Stud	ent's E-mail:		
		DECLARATION		
	e read the rules and regulations carefully by them and shall always try to justify by			
Date	ː	Signature	of the student	
take	e read the rules and regulations carefully the responsibility of my son's behaviour a draw him from the Mandiram after paying	nd conduct. In case of his fail	ure to follow the ru	ules, I shall voluntarily
Date	:	Signature	of the Parent :	

Last Date for the receipt of the completed application form:.....