# NEWINDIAFOUNDATION

Kavalbyrasandra,Bangalore–560032
☽+91 9606903668

## APPLICATION FORM for SSLC

### SECTIONA–PERSONALDETAILS

| | |
|---|---|
| ApplicationNumber: | |
| Nameofthe Student: | |
| Father'sName: | |
| Gender: | |

| DateofBirth: | ___/ ___/ ___ | Age: | | BloodGroup: | |
|---|---|---|---|---|---|

| | |
|---|---|
| AadhaarNumber: | |

| Areyouastudent? | ☐YES ☐NO | CourseStudying: | | Occupation: | |
|---|---|---|---|---|---|

| NameandAddressofthe institution: | *Name:* |
|---|---|
| | *Address:* |

| HighestQualification: | ☐SSLC ☐PUC ☐Diploma ☐Degree ☐MadrasaEducation ☐Others:_____ |
|---|---|

### SECTIONB–FAMILYDETAILS

| Member | Name | Qualification | Occupation |
|---|---|---|---|
| Father | | | |
| Mother | | | |
| Guardian | | | |
| Numberofsiblings: | Brothers: | Sisters: | - |

IsyourfamilyBPLCardholder? ☐Yes ☐No

### SECTIONC–COMMUNICATIONDETAILS

| DoorNo. | | StreetName: | | Area: | | LandMark: | |
|---|---|---|---|---|---|---|---|
| City: | | State: | | PinCode: | | | |

| Father'sContact#: | | Mother'sContact#: | | Guardian'sContact #: | |
|---|---|---|---|---|---|

| Student'sContact #: | | Student'sWhatsApp#: | |
|---|---|---|---|

### Guidelinestoparentsandstudents

- Cometothecoachingcentreregularly on time.
- Regularattendanceismandatoryforcontinuingtheclasses.
- Studentsshouldattendallthetestsandexamsconductedbythe coachingcentre withoutfail.
- Attendtheclasseswithcompleteconcentrationandimproveyourself.
- Studentsandparentsmust attendthePTMcompulsorily.
- Documentsrequired: 1passportsize colorphotographofstudentandparent,1 Aadhaarcardcopyof studentandparent,death certificate of parents if applicable.

*Iagree toattendtheclassesasperscheduledtime,maintaindiscipline andfollowtherules andregulationsoftheinstitution.*

**Signature ofthe Student**
Date:___/ ___/ ___

**Signatureofthe Parent/Guardian**
Date:___/ ___/ ___

#### FOROFFICEUSEONLY

**Mr./Mrs .........................................**hasbeenadmittedforcomputercourseinBatchon_____/___/___.

His/heradmissionnumberis_____

| **Seal oftheInstitution** | **SignatureoftheVicePresident** | **Signatureofthe President** |
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