



Application for Admission

Kangra Valley Sr. Sec. School

Sheela Chowk, Dharamshala
(Affiliated to H.P. Board of School Education)
Phone : 01892-223728 | 86798-23728

Recent
Photograph
to be pasted

Seeking Admission in Class _____ Session : 202__ – 202__

Student's Information (IN CAPITAL LETTERS)

Name _____ Aadhar Card Number _____

Date of Birth

Nationality : Indian ☐ Others ☐

Category : G ☐ ST ☐ SC ☐ OBC ☐

If other, please specify _____

Sex : Male ☐ Female ☐

Habitation : Urban ☐ Rural ☐

Mother Tongue : Hindi ☐ Other ☐

Whether belong to BPL : Yes ☐ No ☐

If other, please specify _____ (If yes, provide supportive documents)

Religion : Hindu ☐ Muslim ☐ Christian ☐ Buddhist ☐ Parsi ☐ Jain ☐ Other ☐

Permanent Residential Address _____

Name of Sibling(s) studying in this school :
1) Name _____ Class _____
2) Name _____ Class _____

Parent's Information

Father's / Guardian Name _____ Qualification _____

Profession _____ E-mail ID _____ Mobile _____

Mother's / Guardian Name _____ Qualification _____

Profession _____ E-mail ID _____ Mobile _____

Tick the faculty chosen (only for +1, +2)

(i) Medical ☐

(ii) Non-Medical ☐

(iii) Mixed Stream ☐

(iv) Commerce ☐

(v) Arts ☐

Subjects Offered

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

(vi) _____

Previous School Record

Name of Previous School Attended _____

Board _____ Last Class Attended _____ Session _____

Percentage of Marks obtained in the last class _____

Medium of Instruction : English ☐ Hind ☐

Health Information

Physical Standards : Height _____	Weight _____	Blood Group _____
Family history incase anyone suffers from any chronic disease _____		
Detail of Vaccination : Triple <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Typhoid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Drug & Food Allergy if any _____		
Type of Disability, if any : Visual / Low Vision <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Hearing <input type="checkbox"/> Autism <input type="checkbox"/>		
Speech <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Locomotor <input type="checkbox"/> Orthopaedic <input type="checkbox"/>		
Learning Disability <input type="checkbox"/> Others <input type="checkbox"/> (Please specify _____)		
Special Instructions if any : _____		

Bank Account Detail

Bank Name : _____	Branch : _____
IFS Code : _____	Account No. : _____

Documents Attached

Photocopy of Birth Certificate <input type="checkbox"/>	Photocopy of Aadhar Card <input type="checkbox"/>	Category Certificate <input type="checkbox"/>
Marksheet of Previous Class Passed <input type="checkbox"/>	Transfer Certificate <input type="checkbox"/>	Medical Certificate <input type="checkbox"/>

I/we hereby undertake that the information furnished in this form is true to the best of my/our knowledge. It is clearly understood by me/us that in all matters interpretation, the decision of the School authorities shall be final and binding upon me/us.

Signature of Father _____ Signature of Mother _____ Signature of Applicant _____

(Amount once deposited in not refundable)

No Fee / Security amount will be refunded, if the student is rusticated or does not complete the session.

For Office Use Only

Admission granted to class _____	Admission No. _____
Amount Received _____	Date _____
Date of First Admission in School _____	Class _____
Clerk _____	Principal _____
Remarks _____	

Admission Details

Eligibility Criteria for Admission Info :

Nursery : Age 2+years on 31st of March
LKG : Age 3+years on 31st of March
UKG : Age 4+years on 31st of March

REGISTRATION

The registration for admission to Classes Nursery to XII (Science, Commerce, Arts) can be done on any working day by submitting registration form.

The registration form can be found in the school prospectus along with application form. Both the forms should be filled in and submitted in the office.