

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	Sess	sion : 202 – 202	
Student's Information (IN CAPITAL I	LETTERS)	Silver L	
Name	Aadhar	Card Number	
Date of Birth	Nationality: Indi	an Others	
Category: G ST SC OBC	If other, please sp	ecify	resource Alaker
Sex : Male Female	Habitation : Urba	n Rural	
Mother Tongue : Hindi Other	Whether belong t	to BPL : Yes No	· 1
If other, please specify	(If yes, provide su	pportive documents)	100
Religion : Hindu Muslim Christian	Buddhist Parsi	Jain Other	· · ·
Permanent Residential Address			
		The second secon	1110
Name of Sibling(s) studying in this school :	1) Name	restant it of strape, and i	Class
	2) Name		Class
Parent's Information	44	3.7%	
Father's / Guardian Name		Qualification	
Profession	E-mail ID	Mobile	
Mother's / Guardian Name		Qualification	
Profession	E-mail ID	Mobile	a Africa
ick the faculty chosen (only for +	W		The same of the sa
(i) Medical (ii) Non-Me	edical	(iii) Mixed Stream	
(iv) Commerce (v) Arts] •		-2-1
Subjects Offered	1.1		
(i) (ii)	1 1 1 2 2 2 4 1	(iii)	3791
(iv)(v)		(vi)	
Previous School Record		Andreas Parallel	7.11
Name of Previous School Attended		i del consuero Andia	. cont. sindo
Board	Last Class Attended	dSession	A N SIGHT
Percentage of Marks obtained in the last class	organisadi depart	English of the	406
Medium of Instruction : English Hind	and Springs.	THE REPORT OF THE RES	i A

Physical Standards : Height		Weight		_Blood Group	
Family history incase anyone	suffers from any	chronic disease			
Detail of Vaccination : Triple	Polio	Hepatitis B Typho	oid		
Drug & Food Allergy if any	27788.0	1738 176 186	io skai	10 10 5	28.
Type of Disability, if any: Visua	al / Low Vision	Mental Retardatio	n Hearing [Autism	
Spee	ech	Multiple Disabilit	ies Locomot	or Orthopaedic	
Lear	ning Disability	Others (PI	ease specify)
Special Instructions if any:		Necessary Consumer		ATTENDED	5/5
ank Account Detail		and complete the first		in the second	(0.1 t)
Bank Name :		Teechte notalboor	Branch:	Water Separate	
		Accou	nt No. :	New York Committee	isol
ocuments Attached	real or course program				
Photocopy of Birth Certificate	e 🔲	Photocopy of Aac	lhar Card	Category Certificate	
Marksheet of Previous Class F	Passed	Transfer Certifica	te	Medical Certificate	
/we hereby undertake that t learly understood by me/us and binding upon me/us.	he information	furnished in this form	n is true to the I decision of the	best of my/our knowledg School authorities shall b	e. I
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Admission Details

Eligibility Criteria for Admission Info:

Age 2+years on 31st of March Nursery:

Age 3+years on 31st of March **LKG**

Age 4+years on 31st of March **UKG**

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.