



# DR. Z. H. M. BALA VIHAR

(Internationally reputed Dr. Mariya Montessori Educational System)

PERUNNA P. O., CHANGANACHERRY- 686 102

Phone: 0481 - 6530803, 2422298, and 2420526 Fax: 0481 – 2422298, 2420526

E-mail: [zhmvidyavihar@yahoo.com](mailto:zhmvidyavihar@yahoo.com), website: [www.zhmvidyavihar.com](http://www.zhmvidyavihar.com)

PLAY SCHOOL & K.G. SECTION OF

DR. Z.H.M. BHARATIYA VIDYA VIHAR & JUNIOR COLLEGE (CBSE)

## ADMISSION FORM

Affix  
Passport size  
Photograph

1.	Name of the Child	:	
2.	Sex	:	Male <input type="checkbox"/> Female <input type="checkbox"/>
3.	Pet Name (If any)	:	
4.	Date of Birth	:	(In figures and Words)
(Birth Certificate should be Produced)			
5.	Name, relation and address of Guardian .....		
.....			
.....			
.....			
6.	Name of father		Phone No.
7.	Occupation		Annual Income
8.	Name of Mother		Phone No.
9.	Occupation		Annual Income
10.	Community and Religion	:	
11.	Class to which admission is sought	:	
12.	Mother tongue	:	
13.	Other languages known by the child	:	
14.	If school van required, mention boarding point	:	
15.	Any other relevant information regarding the child	:	

16. Particulars of the members (Besides Parents) of the family living with the child:

No	Name	Age	Relationship	Occupation

17. Hobbies .....

**DECLARATION**

I ..... parent/guardian of  
.....do

Here by declare that the particulars entered in this form are true to the best of my knowledge and belief. I also undertake that my son/daughter will abide by the rules and regulations of the school.

**Place:**

**Signature:**

**Date:**

**Name**

**FOR OFFICE USE ONLY**

Admission No.: ..... Admitted To:.....

Date .....

Enclosure

1. Birth Certificate
2. T.C
- 3.

**Principal**

**Clerk**