

GR. No. 

Parle Tilak Vidyalaya Association's PTVA'S ENGLISH MEDIUM SCHOOL

Vijaynagar CHS., Swami Nityanand Marg, Andheri (East), Mumbai - 400069.

Tel. 26820548 / 49 • Email ID : ptvaems@gmail.com

ADMISSION FORM (20 - 20)

PHOTO

Note : Parents must fill up the form correctly (Name should be written in CAPITAL LETTERS)

I am / We are seeking admission for my / our ward in Standard _____

PERSONAL DATA OF STUDENT

Sex ☒ : Male / Female

NAME : _____
 FIRST NAME FATHER's NAME MOTHER's NAME SURNAME

Date of Birth : (in figures) In words _____

Place of Birth : (City) _____ (Dist.) _____

(State) _____ (Country) _____

Complete Age as on 30 - 09 - 20 _____ (years _____ months _____)

Aadhar Card No.

Religion : _____ Caste : _____ Sub Caste : _____

Nationality : _____ Blood Group : _____ Mother Tongue : _____

Languages spoken at home 1. _____ 2. _____ 3. _____

Residential Address : _____

Distance from Residence to School in Kms. _____

Res. Tel. No.: _____ Cell No.: _____

Name and address of the last School attended : _____

_____ Med : _____ Std. _____

Reason for leaving the last School : _____

Student Resides with ☒ : Father & Mother / Mother / Father / Guardian

P. T. O.