



Tilak Maharashtra Vidyapeeth's Joyland Pre School

Pune - 411037

Tel : 020 - 24403112/11 Email : tmvjoyland@gmail.com



Class : _____ Year : 20 - _____ Date : _____

Form No. _____ GR. No. _____

Student's Information

Name of the Student : _____
(FILL IN WITH BLOCK LETTERS) (Surname) (First Name) (Father's Name)

Date of Birth : _____ Place of Birth : _____

Mother tongue : _____ Nationality : _____ Blood Group : _____

Religion : _____ Caste : _____ Sub Caste : _____

Category : Open / SC / ST / NT / OBC / SBC / VJ (tick mark for the correct option)

Aadhar Card No. : _____

Residential Address: _____

Permanent Address: _____

Contact Person & Tel. No.: (In case of Emergency)

Name : _____

Landline No. : _____ Mobile No. : _____

Previous School Attended : _____

Personal Information

Allergies if any : _____

Identification Mark : _____

After School the Child stays at : Home / Creche / Other(Specify) _____

Parents' Information

	Father	Mother
Full Name in Block Letters		
Residential Address		
Qualification		
Occupation		
Place of work		
Office Address		
Total Annual Income		
Contact No Personal and office No.		
Email ID		

Siblings

Name	Date of Birth	Present School

For Office Use Only

Admitted to Std. : _____ Date of Admission : _____

Documents Received

Original Birth Certificate :	<input type="checkbox"/>	Address Proof :	<input type="checkbox"/>
Caste Certificate :	<input type="checkbox"/>	Caste Verification :	<input type="checkbox"/>
Aadhar Card :	<input type="checkbox"/>	School Leaving Certificate :	<input type="checkbox"/>

Office / Clerk

Principal