



AMRAVATI VIDYALAYA

(Affiliated to CBSE, Aff. No. 530504)

Amravati Enclave, Panchkula-Kalka National Highway, Panchkula. Ph-7056008814, 9729671444

Registration No. AV/ 2021-22/

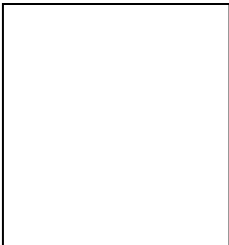
Name of the Student: _____

Date of Birth: Date Month Year

Age in words: _____

Class to be admitted: _____ Previous class passed & Year: _____

Aadhar No. _____



Father's Name: _____ Ph. No./ Mobile No. _____

Profession & Type: _____

Mother's Name: _____ Ph. No./ Mobile No. _____

Profession & Type: _____

Residential Address: _____

_____ Ph. No. /Mob. _____

Name & Class of sibling(s) studying in the school: _____ Class _____

: _____ Class _____

DETAILS OF PREVIOUS SCHOOL ATTENDED

Name of the School : _____

Achievements (if any) : _____

Special Interest: _____

I hereby declare that the statements made above are all correct.

Signature of Parents / Guardian

Head (Office)

Date: _____

Admit Slip

Name: _____ Registration No. AV/ 2021-22/ _____ Class _____ D.O.B _____

Father's Name/ Mother's Name: _____

Date and Time of Interaction: _____

(Office)