



GOVERNMENT OF KARNATAKA  
STUDENT ENROLLMENT FORM-FOR THE YEAR: 2

School Name and Location: \_\_\_\_\_

Admission Details (1 <sup>st</sup> standard only)		
1	Medium Of Instruction	<input checked="" type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu
2	Mother Tongue*	<input checked="" type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu <input type="checkbox"/> others _____ (Please Specify)
3	Language group*	1 <sup>st</sup> Language _____ 2 <sup>nd</sup> Language _____ 3 <sup>rd</sup> Language _____
<b>Student Details</b>		
4	Student Name* (Eng) (Kan)	_____ _____ (First Name) (Middle Name) (Last Name)
5	Father Name* (Eng) (Kan)	_____ _____ (First Name) (Middle Name) (Last Name)
6	Mother Name* (Eng) (Kan)	_____ _____ (First Name) (Middle Name) (Last Name)
7	Date of Birth* <sub>(DD/MM/YYYY)</sub>	- / - / - (in words) _____
8	Child admitted under RTE quota	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Gender*	<input checked="" type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Transgender 9a. Blood Group: _____
10	Religion	<input checked="" type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhism <input type="checkbox"/> Parsi <input type="checkbox"/> Jain <input type="checkbox"/> Others _____ (Please Specify)
11	Aadhar UID No.	Child _____ Father's _____ Mother's _____
12	Social Category* Sub Category	<input checked="" type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST _____
13(a)	Student's Caste Certificate No.	13(b). Caste (Eng) _____ (Kan) _____ 13(c). Sub Caste (Eng) _____ (Kan) _____
14(a)	Father's Caste Certificate No.	14(b). Caste (Eng) _____ (Kan) _____ 14(c). Sub Caste (Eng) _____ (Kan) _____
15(a)	Mother's Caste Certificate No.	15(b). Caste (Eng) _____ (Kan) _____ 15(c). Sub Caste (Eng) _____ (Kan) _____
16(a).	Belong to BPL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16(b). BPL Card No. _____
17.	Bhagyalakshmi Bond No.	_____
18.	Child with special need *	<input checked="" type="checkbox"/> Not Applicable (Please see the list of CWSN in the next page. Kindly write the appropriate special need if any) _____
19.	Special Category	<input checked="" type="checkbox"/> None <input type="checkbox"/> Destitute <input type="checkbox"/> HIV Case <input type="checkbox"/> Orphans <input type="checkbox"/> Other _____ (Please Specify)

20	Geo information	Pin code*	21. District*	22. Taluk*
23.	City/Village/Town*	24. Locality		
25.	Address*			
26.	BMTC Bus pass	Required <input type="checkbox"/>	Not Required <input type="checkbox"/>	
27.	Student's Mobile No.	27(a) e-mail id		
28	Father's Mobile No.	28(a) e-mail id		
29	Mother's Mobile No.	29(a) e-mail id		
Note:				
- Fill this form in capital letters only.				
- (*) sign indicate compulsory field.				
				Parent's/Guardian's Signature
<b>(For Office Use Only)</b>				
Student Enrollment No		Admission Date		School code:
Section: ___	Aided/Un-Aided: _____	1 <sup>st</sup> Lang. _____	2 <sup>nd</sup> Lang. _____	3 <sup>rd</sup> Lang. _____
Student/Parent's Bank Name and A/c No.				
Bank IFSC Code				

Data Entry Operator Name  
and Signature



Head Master Name, Signature  
and School seal

Note: Child with special need–category

<ol style="list-style-type: none"> <li>1. Blindness</li> <li>2. Low-vision</li> <li>3. Hearing impairment(deaf and hard of hearing)</li> <li>4. Speech and Language disability</li> <li>5. Loco motor Disability</li> <li>6. Mental illness</li> <li>7. Specific Learning Disabilities</li> <li>8. Cerebral palsy</li> <li>9. Autism Spectrum Disorder</li> <li>10. Multiple Disability including deaf, blindness</li> </ol>	<ol style="list-style-type: none"> <li>11. Leprosy Cured persons</li> <li>12. Dwarfism</li> <li>13. Intellectual Disability</li> <li>14. Muscular Dystrophy</li> <li>15. Chronic Neurological conditions</li> <li>16. Multiple Sclerosis</li> <li>17. Thalassemia</li> <li>18. Hemophilia</li> <li>19. Sickle Cell disease</li> <li>20. Acid Attack victim</li> <li>21. Parkinson's disease</li> </ol>
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