



GOVERNMENT OF KARNATAKA
STUDENT ENROLLMENT FORM-FOR THE YEAR

School Name and Location: _____

Admission Details for Higher class		
1	Admission to class*	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
2	Stream* (for class 11 and 12 th std.)	<input type="checkbox"/> NA <input type="checkbox"/> COMMERCE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> SCIENCE <input type="checkbox"/> ARTS
3	Medium Of Instruction	<input 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
4	Mother Tongue*	<input 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)
Previous School Details		
5	Previous School Affiliation	<input type="checkbox"/> State <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other _____ (Please Specify)
6	Transfer Certificate No.	_____ 6(b) TC Date _____
7	SATS child Number:	_____
8	Previous School Name*	_____ 8(a) U-dise Code: _____
9	Previous School Type*	<input type="checkbox"/> Government School <input type="checkbox"/> Private Aided School <input type="checkbox"/> Local Bodies <input type="checkbox"/> Private Unaided School
10	Previous School Address	_____
11	District*	_____ 12. Taluk * _____ 13. City/Village/Town* _____
14	Pin code	_____
Student Details		
15	Student Name* (Eng) (Kan)	_____ _____ (First Name) (Middle Name) (Last Name)
16	Father Name* (Eng) (Kan)	_____ _____ (First Name) (Middle Name) (Last Name)
17	Mother Name* (Eng) (Kan)	_____ _____ (First Name) (Middle Name) (Last Name)
18	Date of Birth* (DD/MM/YYYY)	___/___/___ (in words) _____
19	Child admitted under RTE quota	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Gender*	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Transgender 20a. Blood Group: _____
21	Religion	<input 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)
22	Aadhar UID No.	Child _____ Father's _____ Mother's _____
23	Social Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST
	Sub Category	_____

TC not produced at time of admission fill the following information (Sl. No. 24 to 40)		
24.	Student's Caste Certificate No.	24(a). Caste (Eng) _____ (Kan) _____ 24(b). Sub Caste (Eng) _____ (Kan) _____
25.	Father's Caste Certificate No.	25(a). Caste (Eng) _____ (Kan) _____ 25(b). Sub Caste (Eng) _____ (Kan) _____
26.	Mother's Caste Certificate No.	26(a). Caste (Eng) _____ (Kan) _____ 26(b). Sub Caste (Eng) _____ (Kan) _____
27.	Belong to BPL	<input type="checkbox"/> Yes <input type="checkbox"/> No 27(a) BPL Card No. _____
28.	Bhagyalakshmi Bond No.	
29.	Child with special need *	<input type="checkbox"/> Not Applicable (Please see the list of CWSN in the next page. Kindly write the appropriate special need if any) _____
30.	Special Category	<input type="checkbox"/> None <input type="checkbox"/> Destitute <input type="checkbox"/> HIV Case <input type="checkbox"/> Orphans <input type="checkbox"/> Other _____ (Please Specify)
31	Pin code*	32. District* _____ 33. Taluk* _____
34.	City/Village/Town*	35. Locality _____
36.	Address*	
37.	Student's MobileNo.	37(a) e-mail id _____
38.	Father's Mobile No.	38(a) e-mail id _____
39.	Mother's Mobile No.	39(a) e-mail id _____
40.	BMTC Bus pass	Required <input type="checkbox"/> Not Required <input type="checkbox"/>
Note: - Fill this form in capital letters only. - (*) sign indicate compulsory field.		
		Parent's/Guardian's Signature _____
(For Office Use Only)		
Student Enrollment No	Admission Date : _____	U-dise Code: _____
Section: _____	Aided/Un-Aided: _____	1 st Lang. _____ 2 nd Lang. _____ 3 rd 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**