

For Office Use

Cash Coupon No.

IPO No.

Dt.

Call No.



**VISVA-BHARATI
PATHA-BHAVANA**

**Application for Admission of Resident Students
(To be filled in by the Guardian)**

Affix an attested
passport-size
photograph

1. Name of the candidate :

In Bengali script :

In Roman script :

(In BLOCK LETTERS)

2. Male Female

3. Admission sought for : Class _____.

4. Date of birth :

(An attested copies of 'Birth Registration Certificate' (in prescribed Government approved form) should be attached along with this form)

5. Previous educational statements of the candidate :

a) Name of the School _____

Village/town city _____ P.O. _____

Dist. _____ Pin Code: _____

b) Studying at present : in Class _____

(Please produce certificate)

6. Hobby (Song, Dance, Drawing, Sports etc.) :

7. Mother tongue :

8. Name of the Father :

a) Educational qualifications :

b) Profession (with full particulars) :

9. Name of the Mother :

a) Educational qualifications :

b) Profession (with full particulars) :

10. Guardian : Father/Mother :

(Name of the Legal Guardian if both father and mother are not alive. Please attach proper certificate)

Name _____ Relation _____

Signature _____

11. Permanent address (Full address with PIN code) :

Village/town/city _____ Locality : _____

Post _____ District _____ Pin Code _____

Police Station _____ Telephone No. (with STD No.) _____

12. Address for communication (Full address with PIN Code) :

Village/Town/City _____ Locality _____

Post _____ District _____ Pin Code _____

Police Station _____ Telephone No. (with STD No.) _____

Nearest Railway Station _____

13.a) Whether Indian / Foreigner: _____

b) Name of the State/Province _____
(In case of Indians)

14. Whether Scheduled Caste/ Scheduled

Tribe or Other Backward Classes : _____

a) If yes, please mention the category :

(Certificate must be issued by competent Govt. Authority. If the candidate's certificate is not available, attested copy of father's certificate must be submitted).

b) Whether Physically Handicapped : _____

(Attested copy of the Certificate issued by Competent Authority should be attached).

The above statement is true to the best of my knowledge and belief. If any statement is found to be false, the application for admission will be treated as cancelled. I shall never apply for change the status as a day scholar of my son/daughter/ward. My son/daughter/ward will abide by the rules and regulations of the Institution. I shall bear full financial responsibility of my son/daughter/ward.

Date : _____

Signature of the guardian

Signature of the Applicant

Date : _____

(The application should be complete in all respects. An incomplete application form will not be accepted.)

P.T.O.

For Office Use Only
Registration of Admission

Shri/Smt. _____ is allowed to pay the required fees for admission to Class _____ as a resident student if he/she is medically fit.

Date: _____

Principal
Patha Bhavana

Health Certificate

I have examined the candidate and declare him medically fit/ unfit for admission because _____
_____.

Date: _____

Medical Officer
P.M. Hospital
Visva Bharati

Registration

Admission fee	:	Rs. _____
Library Admission fee	:	Rs. _____
Caution Money (General)	:	Rs. _____
Kitchen Deposit	:	Rs. _____
Tuition fee	:	Rs. _____
Hostel fee	:	Rs. _____
Monthly Kitchen Charges:		Rs. _____
Sports & Medical fees	:	Rs. _____
Students' Aid Fund	:	Rs. _____
Ashram Sammilani fee	:	Rs. _____
Personal Expenses	:	Rs. _____
(Monthly Deposit)		
Magazine fee	:	Rs. _____
Correspondence fee	:	Rs. _____
Dinalipi (School diary) fee:		Rs. _____
Personal expenses	:	Rs. _____
(Permanent Deposit)		

Accounts Officer
Visva Bharati

Cashier
Visva Bharati

Shri/Smt. _____
has been admitted.

Principal
Patha Bhavana

Registration Number: _____

Date of Admission: _____