



Sri Adichunchanagiri Shikshana Trust®

BGS INTERNATIONAL RESIDENTIAL SCHOOL

Nithyanandanagar, K. Gollahalli (PO), Kumbalgodu, Bangalore - 560 074 KARNATAKA, INDIA

Phone: 0091+ 80 + 2843 7582 / 554 / 653 Fax: 0091+ 80+28-43 7657

E-mail : admissionsbgsirs@gmail.com, principalbgsirs@gmail.com, www.bgsirs.org

APPLICATION FORM ADMISSION

(For office use only)

Class: _____ Sec : _____

Admn No: _____ Academic Year : _____

Transport / BUS NO : _____ Pickup / Drop Point : _____

Date of Joining : _____ Date of Joining : _____

Entrance Test : **Appeared** **Not appeared**

Interview : **Selected** **Not selected**

Please affix recent
passport size colour
photograph of the
applicant.

PLEASE READ THE INSTRUCTIONS CAREFULLY PRIOR TO FILLING THE FORM

1. Use BLACK! BLUE BALL -point pen
2. Use CAPITAL LETTERS only
3. Relevant to be marked ✓
4. Photograph of the parents / local guardian to be attested by the individual

NAME OF THE STUDENT _____
FIRST NAME MIDDLE NAME SURNAME

CLASS TO WHICH ADMISSION IS SOUGHT _____

TYPE OF SCHOOLING DAY SCHOLAR BOARDER WEEKLY BOARDER

Pet NAME (If any) _____ GENDER MALE FEMALE

BIRTH DETAILS 1. Date of Birth dd/mm/yyyy

2. Age _____ as on _____

NATIONALITY (as per passport) _____ RELIGION _____

PASSPORT No. (Foreign Student) _____ Expiry date : _____

VISA details & expiry date : _____

CATEGORY (Not for Foreign Nationals) SC ST OBC GM

a) IF NRI LIVING ABROAD YES NO

b) IF NRI HAVING FOREIGN NATIONALITY YES NO

MOTHER TONGUE _____

SIBLING (s) STUDYING IN THE SCHOOL YES NO

IF YES, Name : _____ Class _____ Sec _____

MEALS VEG NON-VEG



Name :

Admission No. :

DETAILS OF PARENTS

NAME OF FATHER : _____
FIRST NAME MIDDLE NAME SURNAME

OCCUPATION/DESIGNATION: _____

ANNUAL INCOME : _____

RESIDENTIAL ADDRESS _____

Tel / mobile _____ Fax _____

Email _____

NAME OF MOTHER : _____
FIRST NAME MIDDLE NAME SURNAME

OCCUPATION/DESIGNATION: _____

ANNUAL INCOME : _____

RESIDENTIAL ADDRESS : _____

Tel / mobile _____ Fax _____

Email _____

DETAILS OF LOCAL GUARDIAN (For Students whose parents are abroad/reside out side BANGALORE)

● Name: _____ Relationship to Student: _____

Occupation / Designation: _____ Tel/ Mob: _____

Fax: _____ Email: _____

Name: _____ Relationship to Student: _____

● Occupation / Designation: _____ Tel / Mob: _____

Fax: _____ Email: _____

ADDRESS FOR CORRESPONDENCE

Tel / Mob: _____ Fax _____ E-mail _____

In case of Emergency, Contact Person _____ **Ph:** _____

This is to certify that the above shown whose photograph is affixed to this document and attested by the Parent and Principal / Warden is the bonafide Guardian of _____ of Class _____ Sec _____ studying in BGS International Residential School, Bangalore. He/She is permitted to meet the student/allowed to take hostellers home on weekends /holidays.

Signature of Father / Mother / Guardian

Superintendent / Warden

Principal

Please affix recent passport size colour photograph of Father

Please affix recent passport size colour photograph of Father

Please affix recent passport size colour photograph of Father

Please affix recent passport size colour photograph of Father



Name :

Admission No. :

ACADEMICS

CLASS TO WHICH ADMISSION SOUGHT _____

SUBJECTS OPTED

| COMPULSORY SUBJECTS | |
|-----------------------|-------------------------------|
| CLASS I-III | CLASS IV-X |
| English | English |
| II Language | II Language |
| Mathematics | III Language (till class VII) |
| Environmental Science | Mathematics |
| | Science |
| | Social Science |

LANGUAGES OPTED

| 2 nd Language | | 3 rd Language (CBSE Class V to VIII) | |
|--------------------------|--|--|--|
| Hindi | | Hindi | |
| French | | French | |
| Sanskrit | | Kannada | |
| Kannada | | Sanskrit | |

- Other Subjects: Computer Science, Art & Craft, Sports, Music & Dance.
- Kannada is Compulsory as a II or III Language for Students belonging to Karnataka

XI & XII CBSE

SCIENCE English Core, Mathematics, Physics, Chemistry, Biology / Computer Science.

COMMERCE English Core, Accountancy, Business Studies, Economics, Entrepreneurship, Mathematics

Note:-

- English + any four Subjects in Science/Commerce
- Flexibility of choice of Subjects allowed from the above Two Streams.

DETAILS OF LAST SCHOOL ATTENDED

ADDRESS _____

(TEL, FAX, EMAIL) _____

IS IT AN ENGLISH MEDIUM SCHOOL? YES No

LAST EXAM APPEARED _____ YEAR _____

RESULT PASSED FAILED RESULT AWAITED

REASON FOR LEAVING _____

TC DETAILS NO. _____ DATE _____



NAME:

ADMISSION NO. :

SPORTS/CO-CURRICULAR ACTIVITIES

SPORTS

FOND OF _____

| EXCELLENCE IN | SPORT/GAME | LEVEL (School/District/ State/National etc.) |
|---------------|------------|---|
|---------------|------------|---|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SPECIAL COACHING _____

(For boarders & weekly boarders)

CO-CURRICULAR

HOBBIES _____

OTHER ACTIVITIES

PROFICIENCY IN
(Declamation Dramatics
Music & Dance, Quiz etc.)

ACTIVITY

ACHIEVEMENT (IF ANY)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ANY OTHER INFORMATION



NAME:

ADMISSION NO. :

COPIES OF DOCUMENTS TO BE ATTACHED

- ◆ ORIGINAL TRANSFER CERTIFICATE AND MARKS CARD FROM LAST SCHOOL ATTENDED WITH A PHOTOCOPY OF EACH
- ◆ ONE PHOTOCOPY OF BIRTH CERTIFICATE
- ◆ ONE PHOTOCOPY OF PASSPORT WITH ORIGINAL IF FOREIGN NATIONAL/ NRI LIVING ABROAD
- ◆ 8 PASSPORT SIZE COLOUR PHOTOGRAPHS
- ◆ BGSIRS MEDICAL CERTIFICATE

Note: Documents (T.C & Marks Card) must be submitted within 30 days from the date of joining BGSIRS Failure to do so will result in the student's name being struck of from the rolls, without any refund.

DECLARATION BY THE PARENT/GUARDIAN

1. I HAVE READ ALL THE RULES AND REGULATIONS OF BGS INTERNATIONAL RESIDENTIAL SCHOOL AND AGREE TO ABIDE BY THEM IF MY WARD IS GRANTED ADMISSION.
2. THE FACTS STATED IN THE APPLICATION FORM AND MEDICAL CERTIFICATE OF BGSIRS, OF MY WARD, ARE CORRECT.

PLACE : _____

Father

Mother
(Signature)

Guardian

DATE : _____



INDEMNITY BOND

To
The Principal
BGS international Residential School
Nithyanandanagar,
Bangalore-560 074.
India.

.....(Minor), son of Mr.....
and Mrs ,of whom I am the Legal/Natural/Local
guardian, being at my request admitted to BGS international Residential School, Bangalore, India.
I undertake and agree that neither I nor any executors or administrators, or other legal representatives
will make any claim against the school or any employee, in respect of any loss or injury to property or
person including injury resulting in death of the said minor.

We will also not hold the school, its management, administrators, owners or any employee of the
school responsible for any injuries sustained while the said minor is boarding, alighting or travelling from
/ in the school transport or any mode of transport organized by the school or its organizers within or
outside India. I also undertake and agree that no compensation will be paid by the school, its
management or by any employee or any person in the service of the school in respect of any such loss or
injury I further agree so as to bind myself, my heirs, my executors and administrators to indemnify the
school, its management and any employee of the school and any person in the service of the school
against any claims arising through illness, accidents or any other cause which may be made by any third
party against them or any of them or arising out of any act or default on the part of the said minor during or
in connection with any journey in the school transport, hired transport or transport organized by its
organizers as mentioned above.

Dated the.....day of200.....

.....
Signature of Witnesses

Address

.....
Signature of the Parent/ Guardian

Address

Telephone #

Telephone #



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MEDICAL CERTIFICATE

STUDENT NAME _____

ADMISSION NO. _____

GENDER MALE FEMALE

AGE _____ as on _____

FATHER'S NAME _____

MOTHER'S NAME _____

HEIGHT _____ cms WEIGHT _____ Kgs

IDENTIFICATION MARK _____

BLOOD GROUP _____

LEARNING DISABILITY YES NO

IF YES, SPECIFY _____

(Attach Assessment Report)

Does the applicant have any permanent physical problem (s) / ailment (s)? If so, specify

Medicines to be given, if any _____

Special card to be taken, if any _____

ALLERGIES, IF ANY TO DRUGS _____ FOOD _____

CHEMICALS _____ OTHERS _____

Any special remarks about the applicant that the doctor feels should be stated _____

UNDERGONE ANY SURGERY? YES NO

IF Yes, Specify _____

Please affix a recent passport size colour photo graph of student

Any post-operative care required? Please Mention _____

Has the Child been

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| A] Immunized for | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| a) Poliomyelitis (Polio Vaccine) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Diphtherial Pertussis/Tetanus(Triple/Antigen) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Measles/Mumps/Rubella (M.M.R) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Tuberculosis (B.C.G) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Rabies (Anti-Rabies Vaccine) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Hepatitis B | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Hepatitis A | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| B] Tested for HIV | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Any other Vaccination (Please Mention)

WHETHER THE STUDENT HAS A HISTORY OF

| | | | | |
|----------------------------|-----|--------------------------|----|--------------------------|
| a) Congenital abnormality | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Rheumatic heart disease | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Bronchial asthma | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Epilepsy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) HIV | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) Tuberculosis | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| l) Any other disease | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(Please give details, if necessary)

I Dr, _____, have examined Master/
Miss _____ thogoughly and state that he/she is medically fit to join school.

Registration Number: _____

Address and Contact No. _____

Date: _____

Place: _____

Signature of the Doctore
(With Seal)

DECLARATION BY THE PARENT/GUARDIAN

In case of Medical Emergency which may require surgical procedure, anesthesia, invasive investigations, administration of Drugs where the written permission is obligatory, I hereby authorize the school authorities to give it on my behalf. Medical treatment may be availed from any competent Medical authority or institution.

Place : _____

(Signature of Parent/Guardian)

Date : _____

Name _____

Relationship with the Pupil _____

Address _____

Telephone Number _____

Email _____