

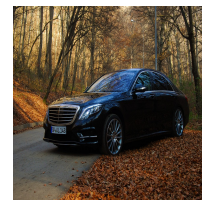
VITANA INTERNATIONAL SCHOOL

Address : H.No. 1-58/93, 2nd Floor Madinaguda, Madinaguda Hyderabad
telangana - 500050

Phone No : +91 9711238059

Email Id : vitanaschool@gmail.com

Application For : Class VII



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- 1. Name of the Child :** (First) :Vitana (Middle):vitana (Last): Vitana
 - 2. Sex :** Male
 - 3. Date Of Birth :** 08/08/1990
 - 4. Admission for Class :** Class VII
 - 5. Medium :** English
 - 6. Blood Group :** A
 - 7. Nationality :** India
 - 8. Mother Tongue :** Indian
 - 9. Religion :** Hindu
 - 10. Caste :** Oc
 - 11. Contact Number 1 :** 9885852250
 - 12. Contact Number 2:** 8919621491
 - 13. Adhar Card No :** 123456789123
 - 14. Email Id :** vitana@gmail.com
 - 15. Address :** Madinaguda

16. Permanent Address : Madinaguda

PARENT'S DETAILS

- 16. Father Name :** vitana
- 17. Mother Name :** vitana
- 18. Father Qualification :** vitana
- 19. Mother Qualification :** vitana
- 20. Father Occupation :** vitana
- 21. Mother Occupation :** vitana
- 22. Father Address:** Madinaguda
- 23. Mother Address :** madinaguda
- 24. Family Income:** 123456789
- 25. Previous School Name :** vitana
- 26. Previous Class :** Class IV
- 27. Previous School Place :** Madinaguda
- 28. Previous Class Average Grade :** A\

Declaration : I/ We hereby declare that the above information provided by me/us is correct and I/ We understand that if the information is found to be incorrect of false, my/our ward shall be automatically debarred from selection/ admission process without further any correspondence in this regards. I/ We also understand that the application does not guarantee admission to my / our ward. I / We accept the process of admission undertaken and I/We will abide by the decision taken by the school authorities.

Signature of Father :

Place :

Signature of Mother :

Place :