



Shri A. V. Dhammanagi Vision Foundation (R)
KALPAVRUKSHA MODEL SCHOOL
Affiliated to CBSE, Delhi. (Affiliation no : 830203)

Local
Std - LK4
20/01/2025

APPLICATION FORM

011

Application Form No.: _____ For the Academic Year 2025-26

Student Enrolment No: LK4/001/2025-26

STUDENT INFORMATION

Name: Sanidhya, Muraghendra, Hoolikatti

Boy/Girl: Girl

Class Seeking Admission To: L.K.4.

Date of Birth: 18/10/2020

Place of Birth: Dharwad

Nationality: Indian

Mother Tongue: Kannada

Religion: Hindu

Caste and sub Caste: Hindu. Madiwalal

Do You Belong To SC/ST? (if yes, please produce caste certificate): _____



FAMILY INFORMATION

Father's/Guardian's name: Muraghendra, B. Hoolikatti

Mother's Name: Jyoti, M. Hoolikatti

Father's/Guardian's Occupation: Civil Engineer

Mother's Occupation: Home Maker

Any sibling studying in KMS?(if YES, Name & Class): _____

COMMUNICATION DETAILS

Address of communication: M. B. Hoolikatti, H.NO 697 B/6,
'Mrutyunjay Nilay' Patil Bazar, Nagae 2nd cross Bailhongal.

Telephone (Residence) 9632752922 (Office)

Permanent Address: - do -

Mobile (Father): 9632752922 (Mother) 8792947726

E-mail: murgeshhoolikatti24@gmail.com

➡ ACADEMIC INFORMATION

Class Currently Studying in : Nursery.
Class Seeking Admission To: LSE.
Name of the Previous School Attended : Sera bhaati School.
Address of the Previous School Attended : Sera bhaati, Hase Road.
Bailhongal.
Medium of Instruction: Kannada.

The School is Affiliated to : CBSE ☐ ICSE ☐ State ☒

Subjects Studied :

Core Subjects :

1st Language : _____

4 : _____

2nd Language : _____

5 : _____

3rd Language : _____

6 : _____

➡ HEALTH INFORMATION

Blood Group: O +ve.

Height : 3' 11"

Weight : 15 kg.

Does the student have any specific health problem: No

Is the student allergic to any food or any other thing? No

Is the student undergoing any treatment now? No

Identification Mark of Student : _____

➡ AWARDS & ACHIEVEMENTS

Prizes Won in : Sports: Running

Co-Curricular Activities: Dancing, Singing

Participation in any Major Competitions : No

➡ CONTACT DETAILS IN CASE OF EMERGENCY

Name : Muraghendra. B. Hoolikatti

Address : Patil's Balan Nagar 2nd floor Bailhongal.

Telephone No : -

Mobile Number : 9632752922 -

PARENT DECLARATION

I promise to obey the rules and regulations of the school. I will abide by the school policies in all academic and disciplinary matters.

I understand that the admission of my child is purely provisional till submission of **Transfer Certificate** from the previous school attended or **original copy of Birth Certificate**.

I will inform the school immediately, if I change my residential address or /and phone /mobile number.

I will pay the school fee on time. If I delay in paying the fee then I am ready to pay late fee decided by the school management.

I will attend parent -teacher meet when conducted by school.

M. Hoolikatti
Sign of Father / Guardian

[Signature]
Sign of Mother

Date: 19/01/2025.

Place: Bailhongal.

⇨ **LIST OF DOCUMENTS TO BE ATTACHED**

S. No.	PARTICULARS	Received (office use)
1	2 Passport size photographs of student	
2	Birth Certificate (Original)	
3	Previous Class Marks Card	
4	Transfer Certificate	
5	Medical Certificate	
6	Caste Certificate Where applicable	
7	Parent Declaration for Repeat of Class(if applicable)	
8	Aadhaar Card of Student, Father & Mother	

For Office Use Only

All Documents Checked By : _____

Designation: _____ Date : _____

Signature : _____

Admission status : Approved / Rejected

Class : _____

Section : _____ Boarding Type : _____

House : _____

PRINCIPAL : _____ Date : _____

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E-mail : Kalpavrukshamodelschool@rediffmail.com
Website : www.kmsedu.in