



ODISHA ADARSHA VIDYALAYA

JHARMUNDA, LOISINGHA, BALANGIR



(AFFILIATED TO CBSE, NEW DELHI)

Affiliation No.:-1520067 Udise Code:- 21240804083 School no:- 17145

APPLICATION FORM FOR ADMISSION TO CLASS-XI (SCIENCE), SESSION-2025-26

Index No/Date:- Admn. No/Date:- (For Official use only)

1. Name of the Student: _____

2. Name of the Mother : _____

3. Name of the Father : _____

4. Date of Birth (a) In figures DD MM YYYY
[] [] [] [] [] [] [] [] [] []

(b) In words _____

(c) Age as on 01.04.2025: _____ Yrs _____ Months _____ Days

5. Gender: _____ 6. Mother Tongue: _____ 7. Nationality: _____

8. Religion: _____ 9. Caste _____ (SC/ST/GEN/OBC)

(Attach Self Attested Photocopy of Caste Certificate if any)

10. Person with Disability: Yes/ No _____ Category: (HI/VI/OH) _____

(Attach Self Attested Photocopy of Disability Certificate if any)

11. Annual Income of the Parents: Rs _____

(Attach Self Attested Photocopy of Income Certificate if any)

12. Are You Only Child of your Parents (Yes/No) : _____

13. Do you belong to Minority Community (Yes/No) : _____

If yes, Community Name: _____

14. Category (APL/BPL) : _____ (Attach Self Attested Photocopy of concerned Card)

15. Blood Group : _____

16. Aadhar No:

Student: _____ (Attach Self Attested Photocopy of Aadhar Card)

Father: _____ (Attach Self Attested Photocopy of Aadhar Card)

Mother: _____ (Attach Self Attested Photocopy of Aadhar Card)

Paste a recent
passport size
photograph
here.

17. Account Details:-

- i. Name of the Bank: _____ ii. Account No. : _____
iii. IFSC Code: _____

18. **Permanent Address:**

AT _____ PO _____ BLOCK _____
PS _____ DIST _____ PIN _____

Present Address for correspondence:

AT _____ PO _____ BLOCK _____
PS _____ DIST _____ PIN _____

19. Contact No: (i) _____ ii) Whatsapp No. _____

20. Email Id: _____

21. Class & Stream in which admission is sought: XI (Science)

22. Subject combination available in the Vidyalaya:

23. MAIN SUBJECT:

- i. English Core (301) ii. Mathematics (041)/Biology(044)
iii. Physics (042) iv. Chemistry (043)

OTHER SUBJECT:

- I. Physical Education (048) II. Painting (049). III. Information
Technology (802)

24. Subject opted: i. _____ ii. _____ iii. _____
iv _____ v. _____ vi. _____

ACADEMIC DETAILS:

25. Name & Address of the School last studied:

School Name: _____
Block: _____ Dist: _____

26. Whether the School is Govt./ Private : _____

27. Name of the Class-X Board (CBSE/ ICSE/ BSE) : _____

28. Roll no. of Class-X Board Exam : _____ Passing Year: _____

29. Mark Secured in Class-X Board Examination

- a. Total Maximum Marks _____ b. Total Mark Secured _____
c. Percentage of mark Secured _____%

30. Course passed in mathematics in class X : _____

{Standard (041)/Basic (241)}

31. Mark & grade obtained in:

a. Mathematics: _____/_____ b. Science _____/_____

b. Percentage of marks both in Mathematics & Science combined : _____%

Study Certificate from the Head of the Institution:

Certified that Shri/Kum_____S/D of _____ is a bonafide student of Class-X of this institution. His/ Her date of birth is _____ and admission No_____ Date_____ as per Admission Register. The School is located in the block_____, District_____. The school is a Govt./ Private_____ school. The data furnished in the application are correct to the best of my knowledge.

Seal & Signature of Head of the Institution

Name of the Principal/ Headmaster: _____

Mobile No. of the Principal/ Headmaster: _____

DECLARATION OF THE PARENTS

1. We do hereby certify that the above information is complete and correct to the best of my knowledge and belief. If any information is found fake/forged, the admission of our child may stand cancelled.
2. We do undertake that, our child and we shall abide by the rules and regulations laid down by the Vidyalaya as well as Odisha Adarsha Vidyalaya Sangathan (OAVS), Bhubaneswar from time to time.
3. We do understand that, the decision of the empowered committee of OAVS is final and binding on us regarding admission.
4. We certify that, we are the bonafide Parents / Guardian of the Child.

Signature of the Student

Signature of the Parents

Date. _____

Date. _____

Name & Signature of the Legal Guardian with date (if parents not alive)