

**DR.L.M.SINGHVI VEDA VIDYALAYA**

**9600083203, 8870143888, 8870666996**

**Registration Form – Vedic + CBSE**

1. Academic Year : \_\_\_\_\_
2. Student Name (as per Aadhar) : \_\_\_\_\_
3. Student Date of Birth : \_\_\_\_\_
4. Vedam : \_\_\_\_\_
5. Gothram : \_\_\_\_\_
6. Suthram : \_\_\_\_\_
7. Native : \_\_\_\_\_
8. Mother Tongue : \_\_\_\_\_
9. Communication Address : \_\_\_\_\_  
\_\_\_\_\_
10. Mobile No. (Father & Mother) : \_\_\_\_\_
11. E-Mail Id : \_\_\_\_\_
12. Father's Name & Occupation : \_\_\_\_\_
13. Mother's Name & Occupation : \_\_\_\_\_
14. Mother's Gothram : \_\_\_\_\_  
(Mother's Father side)
15. Currently studying Class : \_\_\_\_\_
16. Name & Address of the present school : \_\_\_\_\_
17. Admission sought for Class : \_\_\_\_\_
18. Upanayanam Performed : Yes / No
19. Anyone in the family pursued  
vedic education (Grandfather / Uncle) : \_\_\_\_\_
20. Other particulars if any : \_\_\_\_\_

**Note : Registration form not filled completely would be rejected and not be taken further for admission process.**

Date : \_\_\_\_\_

Parent Signature : \_\_\_\_\_