

## Ramakrishna Mission Vivekananda Vidyamandir, Malda

PO & DT: MALDA, PIN - 732101, WEST BENGAL, INDIA Phone: (03512) 252850 \* website: www.rkmvvmmalda.org

|                              | se Tick |  |
|------------------------------|---------|--|
| <b>Shishu Sadan Student:</b> |         |  |
| Other school Student:        |         |  |

## **Application Form for Admission**

Session: 01.01.2026 to 31.12.2026 Class V (Bengali Medium)

| Caste | Tick | Sub-caste |  |  |
|-------|------|-----------|--|--|
| GEN   |      | N/A       |  |  |
| OBC-A |      |           |  |  |
| OBC-B |      |           |  |  |
| SC    |      |           |  |  |
| ST    |      |           |  |  |

Roll No.: (Office Use)

| 1.   | a) Student's Name:  | RECENT                    |  |  |  |
|--|---|---------------------------|--|--|--|
| 2.   | a) Father's Name :  |                           |  |  |  |
|  | b) Occupation:  |                           |  |  |  |
| 3.   | a) Mother's Name :  |                           |  |  |  |
|  | b) Occupation :   |                           |  |  |  |
| 4.   | Address:  |                           |  |  |  |
|  | WhatsApp No   |                           |  |  |  |
| 5.   | a) Religion:  | otional):                 |  |  |  |
| 6.   | 6. Name and address of the School presently studying in :               |                           |  |  |  |
|  |   |                           |  |  |  |
| 7.   | Type of presently studying School: a) Govt. School b) Private School    |                           |  |  |  |
| 8.   | Student's ID from Banglar Shiksha Portal (Compulsory for Govt. School): |                           |  |  |  |
|  |   | [ P.T.O.]                 |  |  |  |
| Ramakrishna Mission Vivekananda Vidyamandir, Malda  Admission Test for Class V (Bengali Medium)  Session: 01.01.2026 to 31.12.2026  PASSPORT |   |                           |  |  |  |
| ADMIT CARD Roll No:  |   | SIZE COLOUR<br>PHOTOGRAPH |  |  |  |
| (Office Use)   |   |                           |  |  |  |
| Student's name:  |   |                           |  |  |  |
| Father's/Mother's name:  |   |                           |  |  |  |
| Date of Evam : 07 12 2025 Time: 10:00 a m to 12:00 noon  |   |                           |  |  |  |

Date of Exam.: **07.12.2025**, Time: **10:00 a.m. to 12:00 noon**, Venue: **Ramakrishna Mission Vivekananda Vidyamandir, Malda** 

| 9. Student's proficiency in extra-curricular activities :  |  |
|--|--|
| 10. If student has any particular disease, mention it:   |  |
| 11. Student's AADHAAR No.:   |  |
| Declaration of Father/Mother/Guardians:  |  |
| The statements made in this application are certifice Vidyamandir thoroughly and shall abide by all the rules and violate these rules, I will be responsible for that and for this authority. I shall co-operate with school authorities in every responsible. | regulations mentioned in it. If my son/ward s case I shall abide by the decision of school |
|  |  |
|  |  |
| Signature of Father/Mother/ Guardian in full   | Student's Signature in full  |
| Date:  |  |
|  |  |