SRI ADICHUNCHANAGIRI SHIKSHANA TRUST ®

BGS Darshini Composite High School Sringeri, Chikkamagaluru District-577139

Application for the Academic Year 2025-26

Photo

1. Application For Class:_____

2. Name of the Student: _____

3. Date of Birth: _____

{As per Birth Certificate}

4.Birth Place:_____

5. Gender: Male/Female:_____

6. Religion: [ ] Caste: [ ] Category: SC/ST/C1/2A/2B/3A/3B/GM = [ ]

7. Student Aadhar(UIDAI) Number: _____

8. Ration Card(BPL/APL) Number: _____

9. Mother Tongue:_____

10. No of Brothers & No of Sisters:_____

11. Father Name: _____

12. Father Aadhar Number:_____

13. Mother Name: _____

14. Mother Aadhar Number:_____

15. Permanent address:

Place:_____

Post: _____

Taluk:_____

District:_____

Pin Code:_____

16. 1) Mobile Number: _____

2) WhatsApp Number for Online class_____

17. Do you need Hostel facility? Yes/No: _____

18. Student Bank Account Details (If Any):

A/C No: _____

IFSC Code: _____

Bank Name: _____

Branch Name: _____

School Fee Paid to (Fee paid by NEFT or RTGS)	**Hostel Fee Paid to (Fee paid by NEFT or RTGS)**
The President, Sri Adichunchanagiri Shikshana Trust® State Bank of India, Sringeri Branch A/c No: **38937028001** IFSC : **SBIN0040290** 	**The Secretary** Sri Adichunchanagiri Shikshana Trust® Canara Bank, Sringeri Branch A/c No: **090122000065176** IFSC: **CNRB0000866** 

College Fee - First Install =10000

Hostel Fee - First Install =25000

*** Name of the Account Holder:**	*** Name of the Account Holder :**
*** Student Name :**	*** Student Name :**
*** Bank Name :**	*** Bank Name :**
*** UTR Number/Transaction ID :**	*** UTR Number/Transaction ID :**
*** Amount Paid :**	*** Amount Paid :**
*** Date :**	*** Date :**

Place:

Date: **Parents signature** **Student Signature**