



BHATIA BALRAKSHAK VIDYALAYA SOCIETY

A/c & Non A/c Halls / Wadi for Marriages, Engagements, Birthday & Anniversary Celebrations,
Religious, Social Events, Exhibitions, Business Conferences, Educational Meetings etc.

Office Cont. No : 8097782219 / 8689986707

Email ID: office@bhatiaboardingmumbai.org / hostel@bhatiaboardingmumbai.org

Bhatia Bal-Rakshak Chowk, Vasant Rao Chowgule Road, Babhai Naka, Near Savarkar Garden, Borivali (W), Mumbai - 400 092.

Website : www.bhatiaboardingmumbai.org



Please affix recent
passport size photograph
(not older than 15 days)

BBRV ADMISSION FORM (2025-2026)

PLEASE FILL UP THE ENTIRE FORM DETAILS IN CAPITAL LETTERS ONLY

UNIQUE-ID : (Stud)/2025-26

Date DD/MM/YYYY

| | | | | |
|--------------------------|--|---|------------------------------------|-----------------------|
| STUDENT PERSONAL DETAILS | First Name | Father's Name | Surname | Mother's Name |
| | Date Of Birth | Place of Birth | Native Place | |
| | Residential Address | | | |
| | Village | City/Town | District | Pin Code |
| | MOBILE NO. | | EMAIL ID | |
| | Student's | | Student's | |
| | Father | | Father's | |
| | Mother | | Mother's | |
| FAMILY DETAILS | Local Guardian | Any other | | |
| | No. Of family members | Brother <input type="checkbox"/> | Sister <input type="checkbox"/> | Profession of parents |
| | Total Family Income per year: | Earning Members in Family : | | |
| | Whether any family member studied in boarding? If yes, mention his name and in which year. | | | |
| EDUCATIONAL DETAILS | Current year Standard, course and Details of school/college/institute in which you are admitted for education during the year: | | | |
| | Previous year standard/ course | Grade/percentage obtained in previous year: | University/ board: | |
| | Any other course/Classes/Internship Details | | | |
| GUARDIAN DETAILS | Local guardian's name | Local guardian's profession | | |
| | Local guardian's address, Mobile No, Email ID | Local guardian's Signature | | |

| | | | | | | | |
|--|---|---------------------|---------------------|--|---|--------------------|-----------------|
| GOVERNOR DETAILS | Governor's full name | | | Governor's address | | | |
| | Governor's email id | | | | | | |
| | Governor's Mobile No. | | | | | | |
| | Introduced by governor: I pledge that know the applicant and his family for last ____years | | | | Governor's Sign | | |
| DECLARATION | I solemnly declare that all the information filled in /documents attached/produced by me in this form are correct and true. I also confirm that I will be responsible for concealing any true information or providing false information. I/we shall be responsible for the student his acts. I guarantee that all the details filled herein above are authentic and genuine. I shall accept any disciplinary action, if taken against me later in this regard for providing wrong information. | | | | | | |
| | NAME OF STUDENT | | | SIGNATURE OF STUDENT (x _____) | | | |
| | NAME OF PARENT | | | SIGNATURE OF PARENT (x _____) | | | |
| | A local Guardian can be assigned to maximum of 3 students | | | | | | |
| | NAME OF LOCAL GUARDIAN | | | SIGNATURE OF LOCAL GUARDIAN (x _____) | | | |
| MEDICAL/HEALTH DECLARATION | HAVE YOU SUFFERED OR DO YOU NOW SUFFER FROM ANY OF THE FOLLOWING? (Please tick accordingly) | | | | | | |
| | 1. Asthma or wheezing | | YES/NO | | 13. Have you taken the booster dose? YES/NO | | |
| | 2. Any skin infection/disease | | YES/NO | | 14. Are you under any kind of medication? YES/NO | | |
| | 3. Any chest related diseases | | YES/NO | | 15. If point 14 is yes, name of the medicine/drug? | | |
| | 4. Any lung related infection/disease | | YES/NO | | 16. Any other medical/health related Info | | |
| | 5. Diabetes | | YES/NO | | 17. Any mental health related information | | |
| | 6. Ear related infection/disease | | YES/NO | | 18. Any learning disability identified | | |
| | 7. Fainting, seizures or blackout | | YES/NO | | 19. Any additional information, BBRV Should know | | |
| | 8. Any heart related disease | | YES/NO | | | | |
| | 9. Do you have spectacles? (If yes, attach the correction No.) | | YES/NO | | | | |
| | 10. Were you infected by COVID 19 VIRUS? | | YES/NO | | | | |
| | 11. Have you taken covid 19 vaccine? | | YES/NO | | | | |
| | 12. Name of the vaccine and number of doses | | | | | | |
| | PLEASE NOTE: IF ANY OF THE ABOVE POINTS ARE YES THEN PLEASE FURNISH DOCTORS CERTIFICATE FOR THE SAME. | | | | | | |
| ***** Documents to Be Attached (FOR OFFICE USE ONLY)***** (Photocopy) | | | | | | | |
| Latest Exam Result | | Latest Fees Receipt | Student Aadhar Card | Student Pan Card | Students Vaccine Certificate | Father Aadhar Card | Father Pan Card |
| Mother Aadhar Card | | Mother Pancard | Local Guardian Pan | Local Guardian Aadhar Card | IF A STUDENT IS UNDERGOING ANY PROFESSIONAL COURSE LIKE C.A, C.S., M.B.A., ENGINEERING, MBBS KINDLY ATTACH A COPY OF DOCUMENT DECLARING THE SAME. | | |
| | | | | | | | |
| OFFICE REMARKS | Boarding Superintendent's Remarks | | | | | | |
| | Admission Approved By | | | | | | |
| | Name & Signature of Hon. Trustee/Secretary (1) | | | Name & Signature of Hon. Trustee/Secretary (2) | | | |
| | (x _____) | | | (x _____) | | | |



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Undertaking

(To be submitted jointly by a student and his guardian's/parent's)

To,

The Superintendent,

Bhatia Bal Rakshak Vidyalaya Society,

Borivali (W), Mumbai - 400 092.

I/We have read all the Rules and Regulations of the Vidyalaya and is / are bound to follow the same strictly.

In case of violation of any of the Rules and Regulations by me/ us, I/We agree to face disciplinary action against me/us by the management. The decision taken by the management shall be final and will be agreed by me/us.
I will follow the BBRV timetable everyday.

Name of the Student _____

Signature _____

Name of Guardian/Parent _____

Signature _____

Date _____