



BHATIA BALRAKSHAK VIDYALAYA SOCIETY

Smt. Jyoti Gulabsinh Gajaria Girls Hostel

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 her 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 _____