

# STUDENT ADMISSION

VIRAT University // www.viratuniversity.com

## 1. Personal Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## 2. Academic Information

Applying for Grade/Level: \_\_\_\_\_  
Preferred Program: \_\_\_\_\_  
Previous School Name: \_\_\_\_\_  
Previous Academic Records:  
Year: \_\_\_\_\_ Grade/Score: \_\_\_\_\_  
Year: \_\_\_\_\_ Grade/Score: \_\_\_\_\_  
Achievements (if any): \_\_\_\_\_

## 3. Parent/Guardian Information

Father's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Guardian's Name (if applicable): \_\_\_\_\_  
Relationship with Student: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

## 4. Emergency Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

## 5. Medical Information

Does the student have any medical conditions?

\_\_\_\_\_

Allergies (if any):

\_\_\_\_\_

## 6. Additional Information

How did you learn about our institution?

\_\_\_\_\_

### Declaration

I, the undersigned, declare that all the information provided above is true and accurate to the best of my knowledge.

Signature of Parent/Guardian:

\_\_\_\_\_

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