



Vishwa Manavata Samastha
Manavata Gurukul, Natavelli, Kothakota Mandal, Wanaparthy Dt.
Phone: **+91-9966673111, 9966673293;**
HO: Plot No: 62, Sri Tower, JNTU-Hitec City Road, KPHB 7th Phase,
Hyderabad-72 www.manavata.org email: info@manavata.org



Date:

- 1. Name (in block letters):**
- 2. Father/Mother/Guardian's Name:**
- 3. Date of Birth & Age:**
- 4. Name of the City or Village:
Address:**
- 5. Medium of Education:**
- 6. Educational Background:**



Class	Year of Study	School	Grade / Pass/ Fail

7. Family Background:

S.No	Name	Occupation	Income/per month

8. Reference Contact Person 1 _____ 2 _____ :

Reference Contact Numbers. 1. _____ 2 _____

9. Current Medical Condition: (reports to be enclosed)

10. Tell us about your child interested, habits, hobbies & character

Submit copies of proof documents like Aadhar, Ration Card, Birth Certificate, Education Certificates (if available), Medical certificates along with this form.

Signature of Mother

Signature of Father

Signature of Guardian