

Kundan Vidya Mandir, Civil Lines, Ludhiana

From Date : 16 Oct 2023 ,ToDate : 20 Oct 2023

Selected List of Alumni

Sr No.	Registration No.	Name	Father Name	Mother Name
1	KVMCL/R/N/24-25/0701	RIYOM VERMA	SHYAMAL VERMA	RAMAN JYOTI VERMA
2	KVMCL/R/N/24-25/0703	DEESHAA GUPTA	NITTEN GARG	SHVANGI GUPTA
3	KVMCL/R/N/24-25/0717	MEERAT PRASHAR	MAANIK PRASHAR	NIDHI JAWA
4	KVMCL/R/N/24-25/0723	UMAIZA DHIR	SHIVAM DHIR	MANIKA
5	KVMCL/R/N/24-25/0737	REHAAN SHARMA	NITISH SHARMA	SHIVA GUPTA
6	KVMCL/R/N/24-25/0746	AARAV BAWA	DINESH BAWA	BARKHA PUNIANI
7	KVMCL/R/N/24-25/0752	PAARTH SINGH SHARMA	SAURABH SHARMA	MANU DEVGAN
8	KVMCL/R/N/24-25/0764	MEHAR MAKKAR	AASHISH MAKKAR	BHARTI MAKKAR
9	KVMCL/R/N/24-25/0773	TIYANSH BAGGA	VAIBHAV BAGGA	SAPNA SOOD
10	KVMCL/R/N/24-25/0797	REYANSH SHARMA	SAAJAN SHARMA	DEEPIKA SHARMA
11	KVMCL/R/N/24-25/0803	ARIHA JAIN	RATNAKAR JAIN	VANI JAIN
12	KVMCL/R/N/24-25/0818	RAGHAV SHARMA	ANKIT SHARMA	ANCHAL SHARMA
13	KVMCL/R/N/24-25/0831	PEARL RASTOGI	SHUBHAM RASTOGI	EKTA RASTOGI
14	KVMCL/R/N/24-25/0842	RUHIKA AGGARWAL	SANJEEV AGGARWAL	SONALI BANSAL
15	KVMCL/R/N/24-25/0844	PRINCESS RASTOGI	SHUBHAM RASTOGI	EKTA RASTOGI
16	KVMCL/R/N/24-25/0860	AASHVIK MANCHANDA	SHUBHAM MANCHANDA	YASHIMA AHUJA
17	KVMCL/R/N/24-25/0867	IDHIKA JINDAL	DR AIKAJ JINDAL	DR NANDITA MAINI JINDAL
18	KVMCL/R/N/24-25/0874	SAMISHA AGGARWAL	AMRISH AGGARWAL	CHARU GUPTA
19	KVMCL/R/N/24-25/0877	RUTVI ARYAN	ROHISH KUMAR ARYAN	ROOHI ARYAN
20	KVMCL/R/N/24-25/0882	PRADYUMAN GUPTA	VARUN GUPTA	ACHHRA GUPTA
21	KVMCL/R/N/24-25/0883	PRAANVI GOYAL	VISHAL GOYAL	NEHA GARG
22	KVMCL/R/N/24-25/0886	PANAV SINGH	BALWINDER SINGH	NITIKA JOSHI
23	KVMCL/R/N/24-25/0901	KIYANSHA GUPTA	TARUN	SONIA RANI
24	KVMCL/R/N/24-25/0909	SHRESHTH KATYAL	PAWAN KATYAL	MANI ANAND KATYAL
25	KVMCL/R/N/24-25/0931	PANAV ARORA	SAURABH ARORA	POOJA KUMARI
26	KVMCL/R/N/24-25/0953	SUVANSH JAIN	PRANAV JAIN	GEETANJALI JAIN
27	KVMCL/R/N/24-25/0975	NYRA KAPOOR	RAJIT KAPOOR	SARINA KAPOOR
28	KVMCL/R/N/24-25/0993	HRIDYANSH VASUDEVA	DEEPANKAR VASUDEVA	NEHA

CERTIFICATE FOR THE PARENT

I/We hereby certify that the information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/We also understand that the application/registration does not guarantee admission to my/our ward. I/We accept the process of admission undertaken by the school and will abide by the decision taken by the school authorities.

I/We are aware that admission security will be refunded at the time of leaving the school. If it is not claimed within six months of the student's leaving the school, it will be forfeited. School charges once paid are not refundable except advance fee which includes Tuition fee, Amalgamated Fund, Science Fee, Smart Class and Computer Fee.

I/We will attach original birth certificate from the municipal corporation with the registration form to support the given particulars. It is in our knowledge that this certificate will not be returned (for **Not**). Date of Birth once registered will not be changed under any circumstances. Spellings of names (applicant, father, mother or guardian) entered in admission form may be changed upon written request.

Father's Signature

Mother's Signature

Date

Guardian Signature

For Office Use Only

Please admit..... To Class..... Section.....

Teacher-in-charge

Section-in-charge

Principal

MEDICAL DECLARATION

Form No. Registration No. For Class

Name Father's Name

Sex D.O.B. Age

Height.(cms) Weight (In kg) Blood group

VACCINATION	DATE GIVEN
BCG	
POLIO & DPT 1st 2nd 3rd 1st BOOSTER 2nd BOOSTER	
HEPATITIS-B 1st 2nd 3rd	
MEASLES	
TETANUS TOXOID	
MMR	
CHICKEN POX	
TYPHOID	
HEPATITIS-A 1st 2nd	

- I hereby certify that I have examined the child
- He/She shows age appropriate mental and physical development
- He/She has been duly vaccinated as per schedule.
- He/She does not suffer from any serious or chronic disease.
- Kindly notify below if the child suffers from :

- | | |
|-----------------------------------|--------|
| (a) EPILEPSY | YES/NO |
| (b) BRONCHIAL ASTHMA | YES/NO |
| (c) DIABETES | YES/NO |
| (d) DRUG ALLERGY | YES/NO |
| (e) HEART/BRAIN DISEASE | YES/NO |
| (f) MENTAL ABNORMALITY/DISABILITY | YES/NO |
| (g) PHYSICAL DEFORMITY | YES/NO |

Parent/Guardian's Signature

Doctor's Signature
& Stamp (MBBS/MD.)

Affidavit on stamp paper of Rs. 50/-

This affidavit should be duly attested by a Magistrate/Notary Public. In case of self attestation, a passport size photograph of parent with proof (photocopy of pan Card/ Driving License/ Passport) is required.

AFFIDAVIT

I _____ (S/o/D/o) _____

R/o _____ do hereby solemnly affirm and declare as under:

I am the legal guardian of my ward Master/Miss _____
Reg. No. _____ who is seeking admission in Kundan Vidya Mandir Senior Secondary School, Ludhiana
in ~~Nursery~~. I fully understand and undertake not to claim any refund of fees and other charges (except
Advance Tuition Fee, Amalgamated Fund & Admission Security) deposited at the time of admission in case
I decide not to continue the studies of my ward in this school.

Deponent

Verified that the contents of my above said affidavit are true and correct and nothing is false or has been
concealed.

Verified at Ludhiana on _____

Deponent