



# Rainbow Learning Centre

Ground Floor, 228 16<sup>th</sup> Main, HSR Layout, Sector – 3, Bengaluru 560 102  
Ph: 63624 99829, 98453 69872, [padabangalore@gmail.com](mailto:padabangalore@gmail.com) [www.pada.life](http://www.pada.life)



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## FORM 11 - ADMISSION FORM

This form is to be filled by parents or guardian of differently-abled adults only.

Name of the student: \_\_\_\_\_

Sex :  Date of Birth \_\_\_\_\_ Age:

Mother Tongue : \_\_\_\_\_

Other Languages Known : \_\_\_\_\_

Educational Qualifications (If any) : \_\_\_\_\_

Name of the School Studied : \_\_\_\_\_

Description of Disability : \_\_\_\_\_

Known Medical Conditions : \_\_\_\_\_

Hobbies and Interests : \_\_\_\_\_

Strengths : \_\_\_\_\_

Any other Information : \_\_\_\_\_

Father's Name : \_\_\_\_\_ Ph.No \_\_\_\_\_

Occupation : \_\_\_\_\_ E mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Ph.No \_\_\_\_\_

Occupation : \_\_\_\_\_ E mail \_\_\_\_\_

Annual Income of the Family : \_\_\_\_\_



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Residential Address of the Parent:

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Details of the Siblings :

Name	Sex	Date of Birth	Any Medical Condition

Documents to be Submitted :

1. Age proof
2. Address proof
3. Disability Card
4. 3 passport size photos
5. Guardianship (if applicable)
6. Educational Certificate (if any)

I hereby declare that all the above mentioned details are correct.

Place : \_\_\_\_\_

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

Signature of the Parent/ Guardian

For office use only

Enrolment date :

Enrolment No :

Amount Received :

Mode of Payment (Cash/ Cheque/ DD)

Date of Payment : \_\_\_\_ / \_\_\_\_ / \_\_\_\_