



Photo of the student

Affiliation No. 330633

SESSION : _____

Reg. No. :

APPLICATION FORM

Important: Please fill in all information carefully in BOLD letters using black or blue pen Only.

GENERAL INFORMATION

We are considering enrolment in Class

PERSONAL DATA OF STUDENT

Surname.....First Name.....Middle Name.....

Date of Birth..... (DD/MM/YYYY).....

Mother Tongue.....Category.....Nationality.....Religion.....

Permanent Address.....

Pin Code..... Email Address.....

Home Tel#..... Mobile#.....Emergency Contact No.

Correspondence Address.....

HEALTH INFORMATION

Allergy/Chronic AilmentPhysical handicap/disability

Any other health problem.....

Previous School attended.....

Reason for leaving the school.....

ENCLOSURES

- i. Copy of BIRTH CERTIFICATE issued by MUNICIPAL CORPORATION. Yes..... No.....
- ii. Copy of Report Card of previous class. Yes..... No.....
- iii. School Leaving Certificate/TC. Yes..... No.....
- iv. Copy of Aadhar Card of the student. Yes..... No.....
- v. Copy of Aadhar Card of the parents. Yes..... No.....
- vi. Two passport size photo of student. Yes..... No.....
- vii. Photo of student with both parents. Yes..... No.....

PARENT'S/GUARDIAN'S INFORMATION

Father's/Guardian's Name.....Age.....Education/University.....

Mother's.....Age.....Education/University.....