



Application for Admission

This application should be Registered on or before

Application No:

Tick (✓) the appropriate box		Mention the place	
Indian	<input type="checkbox"/>	State	<input type="text"/>
Non-Residential Indian	<input type="checkbox"/>	Origin	<input type="text"/>
Foreigner	<input type="checkbox"/>	Country	<input type="text"/>

For office use	
Reg. No.	<input type="text"/>
Class	<input type="text"/>
Academic year	<input type="text"/>

Instruction: Please fill in the application completely and accurately as possible. Please type or print or write legibly.

Name of the Pupil (in block letters) <input type="text"/>						
Age	Date of Birth	Place and Country of Birth	Nationality	Height (cm.)	Weight. (Kgs.)	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother tongue	Languages known					
	To speak:	<input type="text"/>	To write:	<input type="text"/>		
Religion	Caste		Community			
<input type="text"/>	<input type="text"/>		<input type="text"/>			

Affix recently taken passport size photo

Particulars	Father	Mother
Name	<input type="text"/>	<input type="text"/>
Educational qualification	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Post Held / Designation	<input type="text"/>	<input type="text"/>
Name of the Co./Firm/Office	<input type="text"/>	<input type="text"/>
Office/Business Address	<input type="text"/>	<input type="text"/>
Language known to speak	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>
Telephone	Off <input type="checkbox"/>	Off <input type="checkbox"/>
Mobile	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>

Class to which admission is sought	Academic year to which admission is sought	Second Language	Third Language
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Record of previous schooling			

Details of all brothers and sisters

Name	Sex	Class	Age	School/College studying/studied

Proficiency in Sport & Games / Co-curricular & Extra Curricular Activities (attach relevant certificates wherever possible.)

SPORTS & GAMES

Athletics	Sports	Games

CO-CURRICULAR/EXTRA-CURRICULAR

Elocution	Quiz	Debate	Drama	Dance	Instrument Playing	Painting
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Details of Medical History of the student.

• History of serious illness in the past, if any								
• Does the student have any identified allergies?								
• Any physical/mental Handicaps								
Physical defect if any	Visual		Auditory		Orthopaedic			
Has he/she been inoculated/vaccinated								
Triple Antigen	Polio	BCG	Cholera	Small Pox	Typhoid	Measles	Yellow Fever	Chicken Pox

- I Mr. / Mrs.....Father/ Mother/Guardian of the ward seeking admission, certify that the information furnished above are complete and correct to the best of my knowledge.
- I agree and understand that registration of my child/ ward is no guarantee of admission into the school and the Registration fee paid, as indicated in the Prospectus, is Neither Refundable Nor Transferable.
- I also certify that I have carefully gone through the School's Prospectus/Hand book and all the terms and conditions mentioned therein are acceptable to me.

Signature

Date :

Place:

For Office Use Only

Application Issued on		Reg. No.	
Date of Registration		Registration for the Academic Year	
Remarks of Senior Principal		Date of Admission	
		Class admitted	

The filled in application form along with the following documents must be submitted at the school office.

1. One passport size photograph of student.
2. Original TC for class II & above.
3. Copy of birth certificate.
4. An official report of scholastic achievement for the last year of attendance in school.