

(SENIOR SECONDARY)

Kuruppampady, Kerala-683545 Ph:0484-2659896, 9447678755

Affix recent passport-size colour photograph

APPLICATION FORM																					
(To be filled in by BLOCK LETTERS)																					
SECTION - A																					
Name of the Pupil																					
Date of Birth (a) in words																					
(b) in figures D D M M Y Y U U U U U U U U U U U U U U U U U																					
Age			Ye	ears					 	/lont	hs		S	ex		Ма	le		Fen	nale	
Aadhar No:																					
Religion																					
Caste/Community																					
Blood Group																					
Nationality																					
State & Place of birth																					
Mother Tongue																					
Class in which admission is sought																					
Class in which /Last Attended																			<u></u>		
Name and Address of the School																	<u></u>	<u></u>	<u></u>	\sqsubseteq	
last attended			<u> </u>			<u> </u>	<u> </u>			<u> </u>		<u> </u>			<u> </u>			<u></u>	<u></u>	\coprod	
Whether conveyance facilities		<u> </u>			<u> </u>																
required		_ Y	es		<u> </u>	lo															
If yes,mention route & point																					
																	<u> </u>	<u> </u>	<u> </u>		

			9	SECT	ΠΟΙ	N - B										
Name of Father																
Educational Qualification														\exists		
Occupation					<u> </u>	<u> </u>								\exists		
Office Address					<u> </u>	<u> </u>								\exists		
						<u> </u>										
											PIN					
Phone					<u> </u>									\Box		
Mobile]					\blacksquare		
Email					<u> </u>	<u> </u>			<u> </u>					\square		
Lilian					<u> </u>											
Name of Mother																
Educational Qualification																
Occupation																
Office Address																
											 PIN					
Phone					l											
Mobile																
Email																
Residential Address of the					I			I					 I			 <u> </u>
Applicant					 	<u> </u>							 	\square		
					<u> </u>									\blacksquare		
					 									Щ		
					<u> </u>											
					<u> </u>	<u> </u>						IN		\vdash		
Res:Phone														Н		
Nes.i none				l												
			9	SECT	ΓΙΟΝ	N - C										
Name of Guardian*																
Relationship to the Parent																
Ocuupation																
Office Address																
		· 									PI	IN				
	<u> </u>		 Ь		<u> </u>					ш			Щ			 ш

Guardian's Phone		
Mobile		
E-mail		
* IF PARENTS ARE OUT OF STATION		
	DECLARATION	
	DECLARATION	
	PARENT / GUARDIAN of	
that the particulars entered in this for	n are true to the best of my knowledge and	ренеј.
Place:		
Date:	Signature of Parent/Gu	ardian:
	,	
FOR OFFICE LISE ONLY		
FOR OFFICE USE ONLY		
Admission No.	Date:	
Standard to which admitted	Sign	nature of Principal