



Paid Rs. 600

Rect. No.

Form No.

Date :

Photo

Class :

Admission Form

Please fill the form in BLOCK LETTERS

Name of the Child

Surname First Name Middle Name

Date of Birth

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Date Month Year

Sex

Male Female

Address

Tel. No _____ Mobile No. _____

Email Id. _____

Details of previous Schools / Institutes Attended :



Family Background

Name of the Child _____
Surname First Name Middle Name

Name of the Father _____
Surname First Name Middle Name

Education _____

Occupation _____

Email Id _____

Signature _____

Name of the Mother _____
Surname First Name Middle Name

Education _____

Occupation _____

Email Id _____

Signature _____

Local Guardian _____
Surname First Name Middle Name

Address _____

Signature _____

First Name of Siblings 1) _____

And their 2) _____

Schools and std. 3) _____

Religion _____

Nationality _____

Mother Tongue _____