



CHRIST NAGAR PUBLIC SCHOOL

MARANALLOOR

Ph : 0471 2298482



Admission Form 20 - 20

TO BE FILLED IN CAPITAL LETTERS

Grade PH (R) MOB
Standard to which Admission is sought (O)

PHOTO

STUDENT'S NAME		FATHER'S NAME	
/			
RELIGION & SUB CASTE	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN <input type="checkbox"/>	MOTHER'S NAME	

STUDENT'S DETAIL

Address	Place of Birth
.....	Nationality
.....	Medical History
Age & DOB
(in words)	Skill or Talent of the Child
Male <input type="checkbox"/> Female <input type="checkbox"/>
Identification Marks on body	Last Result
.....	Name of the School last Attended
Aadhar No <input type="text"/>

PARENT'S DETAIL

Father's Qualification	Mother's Qualification
Occupation	Occupation
Name of the Office	Name of the Office
Phone No.	Phone No.
Annual Income of Parents	E-mail ID
E-mail ID	In case of Emergency, Contact No.

Brother(s)/Sister(s) / Neighbour's child studying here.

1 Std..... Since
2 Std..... Since

Join Transportation facility

Yes ☐ No ☐

I parent/ guardian of.....do hereby declare that the particulars entered in this form are true to the best of my knowledge and belief and also that I have read the rules of discipline of the school and I undertake that my ward will abide by them. I further declare that the date of birth of my ward given above is correct and that I will not approach you in future for correction of the date of birth and that, if necessary, I shall produce the copy of the Birth Certificate.

Place :

Date

Parent's Signature

FOR OFFICE USE ONLY

Admn No

Date of Admission

Principal's Signature

Documents Submitted

(a) Attested Copy of Birth Certificate ☐ (b) Copy of Mark List ☐ (c) Transfer Certificate ☐