



CHRIST NAGAR PUBLIC SCHOOL

MARANALLOOR

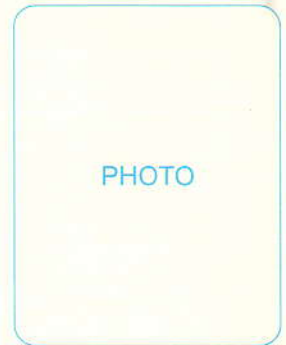
Ph : 0471 2298482



Admission Form 20 -20

TO BE FILLED IN CAPITAL LETTERS

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



STUDENT'S NAME _____ FATHER'S NAME _____
 RELIGION & SUB CASTE SC ST OBC GEN _____ MOTHER'S NAME _____

STUDENT'S DETAIL

Address Place of Birth
 Nationality
 Medical History
 Age & DOB Skill or Talent of the Child
 (in words)
 Male Female
 Identification Marks on body Last Result
 Name of the School last Attended
 Aadhar No

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. Join Transportation facility
 1 Std..... Since Yes No
 2 Std..... Since

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