Student Application Form



Serial No.:_ Realising his potential Candidate's Guardian's **Family Photo** Photo Photo TO BE FILLED IN BLOCK LETTERS Name of Candidate : Admission required for class: Session: **Date of Birth** Age as an 31st March Blood Group Height: Weight: Ft Inches Caste: SC ST OBC **OTHERS** RELIGION: Aadhaar No. Languages Mother Tongue: Spoken at Home: Siblings studying in the School: **Record of Previous Classes Attended** Reason % of Marks Class Year Board Medium S. Name of School for Location CBSE/ICSE/ of in last No. From To From To State Instruction Class Passed Leaving If your child suffers from any of the following please tick the relevant box: Physical Disability Chronic Medical Problem Past Illness Mental Disability Allergy Others Details: Achievements in Academic/Sports/Co-Curricular Field S. No. Field Event Details of Prizes/Awards Year

		Date			MANAGE STATE		
Particular	Name	of Birth	Qualification	Occupation	Annual Income	Contact No.	E-mail ID
Father							
Mother							
Brother/Sister							
Brother/Sister							
Local Guardian if any Relation with child)							
Address		7		2			
Local Address		Permanent Address			Local Guardian's Address		
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Signature:
