



Application No.
SANTHINIKETHAN PUBLIC SCHOOL

IRINJALAKUDA, KERALA - 680 121

Phone : 0480 - 2822466, 2821261

(AFFILIATED TO CBSE DELHI, NO. 930324)

APPLICATION FOR ADMISSION

1. Name of the Pupil	In English (BLOCK CAPITALS)			
As per Birth Certificate	In Malayalam			
2. Identification marks of the Pupil :				
3. Sex :				
4. Name of the Father (as per birth certificate)				
5. Name of the Mother (as per birth certificate)				
6. a) Occupation				
b) Permanent residential address of the Father/Mother				
c) Telephone No.				
d) Email Address				
7. Name, address and occupation of local guardian in case the pupil does not live with his/her father / mother				
8. a) School previously attended with time in each	Name of School	Standard	Date of admission	Date of leaving
Own Brothers / Sisters Studying in this School. If Yes Name & Class				
9. a) Date of birth in figures & words				
b) Aadhar No. (Copy to be attached)				
c) Whether APL/BPL				
10. Age on date of application (in words) (No. of years and completed months should be given)				
11. Religion & Caste				
12. Nationality and State to which the pupil belongs				
13. Does the candidate belong to the Scheduled Caste/ Scheduled Tribe /Other Backward Communities or is a convert from the Scheduled Caste or Tribe				
14. Standard to which admission is sought (in words)				
15. Mother tongue of the pupil :				
16. No. and date of transfer certificate produced on admission				
17. Disability, if any				

I have read the rules of discipline of the School and undertake that my ward will abide by them. I solemnly declare that the above particulars about Master/Miss..... are true and correct.

The date of birth declared is correct and true and I shall not request for a change in date of birth.

Station.....

Date.....

Signature of Father/Mother

TO BE FILLED IN BY THE PRINCIPAL

Date of Admission

Standard to which admitted.....

Admission No.....

Signature of Principal