

Application No:

# SANTHINIKETHAN KINDERGARTEN

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)			
	In Malayalam			
2. Identification marks of the Pupil :				
3. Sex :				
4. Name of Father (as per birth certificate)				
5. Name of 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
9. a) Date of birth in figures & in words b) Aadhar No. (Copy to be attached) c) Whether APL/BPL				
10. Age on date of application (in word) (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				
18. Whether own brother / sisiter studying here If yes	Name.....Class.....Div.....			

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

Admission No.....

Date of Admission :.....

Standard to which admitted.....

Signature of Principal