

ALPHONSA CENTRAL SCHOOL
 EDAT P.O
 (CBSE Reg. No. 930892)
 PHONE: 04902 -806381, 88866381
APPLICATION FOR ADMISSION

1. Name of Pupil			
2. Name of the parent or guardian and his relationship of the pupil			
3. Occupation and Address of parent or guardian			
4. Name ,Adress and occupation of local guardian in case the pupil does not live with his responsible guardian			
5. School previously attended with time in each			
Name Of School	Standard	Date of Admission	Date Of Leaving
6. (a) Date of Birth(in figures and words)			
(b) Whether Certified extract from register of birth has been produced			
7. Age on date of application(in words)(No.of years and completed months should be given)			
8. Religion and community			
9. Nationality and State which pupil belong			
10. Does the candidate belong to the Scheduled Castes and Scheduled Tribes or OBC or is he a convert from Scheduled Caste or Scheduled Tribe			
11. Standard to which admission is sought			
12. Mother –tongue of the pupil			
13. Medium in which the pupil would like to study			
14. No and date of T.C produced on admission			
15. Date of Last Vaccination			
16. Permanent bodily marks			

I _____ guardian _____ do hereby declare that the particulars entered in this Form are True to the best of my knowledge ,that I will abide the rules and regulation of the school.

I am aware ,that admission obtained on false information or by suppression of facts will be cancelled on detection at any time

Place:-----

Signature of the Parent/Guardian

Date:-----

TO BE FILLED BY THE HEAD OF THE INSTITUTION

Date of Admission:

Standard:

Admission Number:

Signature of the Principal

