

ST.PATRICK'S SCHOOL MANANTHAVADY

VEMOM P.O

(ICSE/ISC Reg No. KE 065)

PHONE : 04935 240937, 9400890937

APPLICATION FOR ADMISSION

APPLICATION NO.

APPLICATION DEFECTIVE IN PARTICULARS OR IN ANY OTHER MANNER WILL NOT BE CONSIDERED

PRINCIPAL
DATE:

NAME OF THE PUPIL IN FULL (BLOCK LETTERS)

NATIONALITY
OF PUPIL

DATE OF BIRTH (IN FIGURES)

FATHER'S
NAME:

(IN WORDS)

MOTHER'S
NAME

AGE

RELIGION

(ATTACH ORIGINAL MUNICIPAL/ CORPORATION CERTIFICATE)

SEX

COMMUNITY
[IF THE CANDIDATE BELONGS TO
AI/SC/ST/BC, ATTACH THE ORIGINAL
COMMUNITY CERTIFICATE ISSUED BY THE
TAHASILDAR)

MOTHER TONGUE OF PUPIL

ADDRESS (RESI. PERMANENT)

ADDRESS (RES. TEMPORARY)

A) NAME OF PARENT

A) NAME OF PARENT

B) OCCUPATION

B) OCCUPATION

C) ANNUAL INCOME

C) ANNUAL INCOME

D) PHONE NO. (OFFICE)

D) PHONE NO. (RESI)

E) PHONE NO. (RESI)

PHONE NO. (OFFICE)

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ACADEMIC RECORD

NAME OF THE SCHOOL LAST ATTENDED

CLASS LAST ATTENDED

PLACE

CLASS INTO WHICH ADMISSION IS
SOUGHT

STATE

DECLARATION

I DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT, TO THE BEST OF MY KNOWLEDGE, THAT I WILL ABIDE BY THE RULES AND REGULATIONS 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.

STATION

DATE:

SIGNATURE OF THE PARENT/
GUARDIAN

MOBILE NUMBER