

APPLICATION FORM

Paste
Passport
Size
Photograph
of the child

(All details to be filled in BLOCK LETTERS)

Registration No:	Form	No:
Registration for admission to cl	lass for t	he academic
1.Name of the Child:		
2.Date of Birth:		
3.Age as on 1st June	<u> </u>	
4. Residential Address (Parents	/ Guardian):	
5.Nationality:	6.Religion:	
7.Mother Tongue:	8.Annual Incom	ne :
9.Name of the school last atten	ıded:	
10. Parents Information	Mother	Father
Name		
Academic Qualification		
Mobile Number		
E mail		
Occupation		
11.Please indicate (✓) if you re	quire transport facility fo	or your child Yes No
If yes mention place		

12.Please share something special about your child:		
13.How did you come to know about	our school?	
Newspaper Hoarding Word of	Mouth Social Network Online Search	
14.Undertaking from the parent		
I understand that if any part of it is found	to be false this application will be cancelled. pting the application form of my child, is not bound	
c.I agree that the decision of the school adm and binding on me.	ninistration regarding grant of admission will be fina	
d.I understand that the school transport wil	l be provided on specified only.	
e.I acknowledge that the registration fee is r	non-refundable.	
f.I agree to follow and ensure that my child	abides by all the rules, regulations and procedures	
laid down by the school from time to time.		
Date :	Signature of the Parent	
FOR O	FFICE USE ONLY	
Receipt No:	Entrance Test Report:	
Admission Co-Ordinator	Head of the Institution	
Date:	Date:	

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