



**CLEMIS SCHOOL**  
**CHINGAVANAM, KOTTAYAM - 686 531, KERALA**

Phone: 0481-2430108  
 2436800  
 2436900

(Affiliated to C.B.S.E. (No.930142) New Delhi)  
 Website: www.clemisschool.com, E-mail: clemisschool@yahoo.com

**APPLICATION FOR ADMISSION**

1. Name of pupil in Block letters (Initials to be given at the end)			
2. Class to which admission is sought			
3. Name of Father or Guardian and his/her relationship with the pupil.			
4. Name of Mother			
5. Occupation and official address of Parents/Guardian			
6. Permanent address of Parents or Guardian with Mobile No:			
7. Name, Address, Mob.No. and occupation of local guardian in case the pupil does not live with his / her Parents.			
8. a) Date of Birth (In words and figures) (Attach Copy of Birth Certificate and Aadhaar)	Date	Month	Year
	a.		
	b.		
9. Age as on the 1st June of the year of application (In words) (No. of years and completed months should be given)			
10. Birth Certificate Number			
11. Religion and Community If Knananite, Name of Church			
12. Nationality and State			
13. Aadhaar Number			
14. Does the candidate belong to the Scheduled Castes or Scheduled Tribes or other backward communities or is He/She a convert from Scheduled Castes or Scheduled Tribes.			
15. Mother tongue of the pupil			
16. Permanent bodily marks			
17. APL/BPL			
18. Details of children of the same parent studying in this School, Name, Std and Division			

I ..... parent / guardian of ..... do hereby declare that the particulars entered in this form are true to the best of my knowledge and belief, and also that I have read the rules of discipline of the school and that I undertake that my ward/son/daughter will abide by them.

Date ..... Signature of Parent / Guardian

**OFFICE USE ONLY**

Date of admission ..... Admission No.....  
 Class to which admitted .....

Signature of Principal