

KANAYA NURSERY SCHOOL
CHINGAVANAM, KOTTAYAM - 686 531, KERALA
APPLICATION FOR ADMISSION

1. Name of pupil in Block letter (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 Tel.No.			
7. Name, address, Tel. No. and occupation of local guardian in case the pupil does not live with his responsible guardian			
8. a) Date of Birth (In words and figures) (Attach Copy of birth Certificate)	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. Adhar 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.			
13. Mother tongue of the pupil			
14. Permanent bodily marks			
15. APL / BPL			
16. Details of children of the same parent studying in this School, Name, Std and Division			

Iparent/ 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 will abide by them.

Station

Date

Signature of Parent/Guardian

OFFICE USE ONLY

Date of admission Admission No.....

Class to which admitted

Signature of Principal