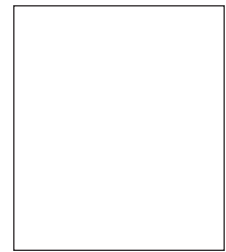




Mary Mount Kindergarten

Kattachira P.O., Kottayam, Kerala - 686 572.
 Tel: 0481-2536233, 2534228, 2531081. e-mail: mmount@sancharnet.in
 www.marymountpublicschool.org



Sl. No.

APPLICATION FORM FOR ADMISSION

| | | | | | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|---|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| Name of the Pupil (in Block letters) | <input type="text"/> | | | | | | | | | | Sex | <input type="text"/> | | | |
| Date of Birth (Proof should be given) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Age (As on 1st June) | <input type="text"/> | Year | <input type="text"/> | Month | <input type="text"/> | Day | <input type="text"/> | |
| Place of Birth | <input type="text"/> | | | | | Nationality | <input type="text"/> | | | | | | | | |
| Religion | <input type="text"/> | | | Caste | <input type="text"/> | | | SC/ST/OBC | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| Father's Name & Qualification | <input type="text"/> | | | | | Occupation | <input type="text"/> | | Annual Income | <input type="text"/> | | | | | |
| Mother's Name & Qualification | <input type="text"/> | | | | | Occupation | <input type="text"/> | | Annual Income | <input type="text"/> | | | | | |
| Permanent Address | <input type="text"/> | | | | | Name & Address of the Guardian (if applicable) | <input type="text"/> | | | | | | | | |
| | <input type="text"/> | | | | | | <input type="text"/> | | | | | | | | |
| | <input type="text"/> | | | | | | <input type="text"/> | | | | | | | | |
| | Pincode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | Pincode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Email ID | <input type="text"/> | | | | | Email ID | <input type="text"/> | | | | | | | | |
| Pupil's relationship with the Guardian | <input type="text"/> | | | | | Occupation | <input type="text"/> | | | | | | | | |
| Telephone (Res) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | (Off) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Standard to which admission is sought | In Figures | | | | <input type="text"/> | In Words | <input type="text"/> | | | | | | | | |
| Percentage of marks obtained in the last exam | <input type="text"/> | | | | | | | | | | | | | | |
| School last attended (if applicable) | <input type="text"/> | | | | | | | | | | | | | | |
| Date of last vaccination | <input type="text"/> | | | | | | | | | | | | | | |
| Permanent identification marks | <input type="text"/> | | | | | | | | | | | | | | |
| Whether School Bus conveyance needed | <input type="text"/> | | | | | | | | | | | | | | |
| Details of Transfer Certificate (T.C) (If applicable) | T.C. No. | <input type="text"/> | | | | | Date of Issue | <input type="text"/> | | | | | | | |

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 and regulations of the school and I undertake that my son/daughter will abide, by them. I further declare that the date of birth of my son/daughter given above is also correct and in future I will not ask for the correction of the date of birth.

Date: _____
 Place: _____ Signature of the Parent/Guardian

To be filled in by the Principal

| | | | |
|-------------------|----------------------|---|----------------------|
| Admission Number | <input type="text"/> | Standard to which the pupil is admitted | <input type="text"/> |
| Date of Admission | <input type="text"/> | | |

Signature of the Principal