## STUDENT APPLICATION AND JOINING YEAR

NAME & ADDRESS OF THE SCHOOL:			• • • • • • •								• • • •
	1	2	3	4	5	6	7	8 9	10	11	12
SEMISTER		1 / 1/ 18/11	(ALEVIO								
ELECTIVE (PLEASE TICK)	NΔ	NA CE		ARTS							
MEDIUM OF INSTRUCTION	11/1	CL /III		AIX	15						
MOTHER TONGUE	+										
PREVIOUS SCHOOL SYLLABUS	STA	<u></u>	CB	QF I	IC	SE	ОТІ	IERS			
TC NO. & DATE	STATE   CBSE   ICSE   OTHE						ILKO				
PREVIOUS SCHOOL IS RECOGNIZED BY	STATE PRIVATE										
PINCODE	517	1112	1 IXI V	AIL							
TALUK	+										
PREVIOUS SCHOOL ADDRESS											
	ENT INFO	DMAT	ION				_				
SIUDI	FIRST			МТ	וממ	E NA	ME	Тт	AST N	IAME	
STUDENT NAME	TIKST	IVAIVIE	_	1011					ASIN	IAIVIL	_
FATHERS NAME											
MOTHERS NAME											
FATHER'S AADHAR NO.	+	MOTHER'S AADHAR NO.									
FATHER'S AADHAR NO.			MOI	пык	SA	ADIT	11/ 11/	U. <u> </u>			
DATE OF BIRTH OF STUDENT	<u> </u>		IN W	ORE	S						
REASON FOR ADMISSION LESS OR MORE AGE	<u>-</u>										
STUDENT AADHAR NO.											
SEX (PLEASE TICK)	MALE		FEM	ALE							
RELIGION	]										
STUDENT CASTE CERTIFICATE NO.											
FATHER'S CASTE CERTIFICATE NO.											
MOTHER'S CASTE CERTIFICATE NO.											
SOCIAL SECTION											
IF ANY BPL CARD HOLDER (Y / N)											
BHAGYALAKSHMI BOND NO.											
IF CHILD HAS ANY AILMENTS (PLEASE TICK)	NA	JA AUTISM		Н		ANDICA	APPED				
	HEARING IMPAIRED		SLEXIA			PHYSIC.					
	MENTALLY		SPEI			VISUA					
	CHALLENG		IMPA	-	С	HALLE					
SPECIAL DISEASES	NA	HIV	O	THER	RDIS	SEAS	ES				
STUDENT R	ELATED	INFOR	MAT	ION							
PINCODE	DISTRICT : TALUK:										
CITY/VILLAGE/TOWN:	LAYOUT:										
ADDRESS:											
STUDENT MOBILE NO.:		EMAIL ID:									
FATHHER'S MOBILE NO.		EMAIL ID:									
MOTHER'S MOBILE NO.:	EMAIL ID:										