

ADMISSION FORM

HOLY CROSS VIDYA SADAN THELLAKOM (PH.NO:0481-2792212)

To be filled by office.	
Admission No. <input type="text"/>	Admission Date : <input type="text"/>

PERSONAL DETAILS

1. Name of the Pupil (In Capital Letters) : _____
2. Gender : Male ☐ Female ☐ Any other ☐
3. Age on date of Application: _____ Years _____ Months
4. D.O.B : Date _____ Month _____ Year _____
In words _____
5. Birth certificate No _____ Place of Birth _____
6. Nationality: _____ Mother Tongue: _____
7. Caste : _____ Sub.Caste: _____ SC ☐ ST ☐ BC ☐ OEC ☐ General ☐
8. Aadhaar No of the student: _____ Ration Card : APL ☐ BPL ☐
9. Name and Occupation of Father: _____
10. Contact number of father : _____
11. Name and Occupation of Mother: _____
12. Contact number of mother: _____
13. Address of the Parent:
House Name : _____ Place: _____
Post office _____, Pin _____, District _____
Panchayath _____, Block Panchayath _____ Taluk _____
14. School last attended: _____
15. Class last attended: Class in which admission is sought:
16. Transfer Certificate No. & Date: _____
17. Details of siblings studying in this institution (if any)

No	Name	Brother /Sister	Class
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father’s/ Guardian’s Name, Mother’s name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the school.

Signature of the Parents(s)/ Guardian

Date: _____ Place: _____

Relation with candidate _____

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no _____ on dated _____.

Signature of the Principal

Seal of the School