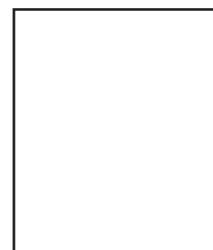




Mary Mount Public School

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 NEW 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"/>	Age (As on 1st June)	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>					
Mother's Name & Qualification	<input type="text"/>										Occupation	<input type="text"/>			Annual Income	<input type="text"/>	<input type="text"/>	<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"/>					Pincode					<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"/>	(Off)	<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"/>										<input type="text"/>												
Date of last vaccination	<input type="text"/>										<input type="text"/>												
Permanent identification marks	<input type="text"/>										<input type="text"/>												
Whether School Bus conveyance needed	<input type="text"/>										<input type="text"/>												
Details of Transfer Certificate (T.C)	T.C. No.					<input type="text"/>					Date of Issue					<input type="text"/>							

PREVIOUS SCHOOL DETAILS

(For Higher Class Only)

Name of the School & Address	Standard		Period (Years)		Date of Leaving	Reason to Leave
	From	To	From	To		

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: Standard to which the pupil is admitted:

Date of Admission:

Signature of the Principal