

Mary Mount Public Sc

unt Public School & Junior College
(Affiliated to CBSE, New Delhi, Affln. No. 930449)

Kattachira P.O., Kottayam, Kerala, India · 686 572. Tel: 0481-2536233, 2534228, 2537778.

e-mail: principalmmount@gmail.com www.marymountpublicschool.org REGISTRATION App.No.: (To be filled by the applicant) SSLC **ICSE CBSE** Mark Out of **GROUP CHOSEN:** 1st Choice 2nd Choice 3rd Choice 1. Name of the Candidate (in BLOCK LETTERS): 2. Date of Birth 3. Blood Group Date of Birth in words 4. Sex 5. Caste 7. GEN/SC/ST/OBC/OEC: 6. Religion 8. Mother Tongue 9. Nationality 10. Aadhar No. of Student 11. Place of Birth: 12. Name of the Institution Last Attended: 13. Name of the appearance of the qualifying exam with Reg. No. & Year: 14. Annual Income of the family 15. Address with Pin Code Permanent Present Mob: Tel: Mob: Tel: 16. Email ID: Father Mother Student 17. Father's Name: Occupation: 18. Mother's Name: Occupation: Father's Office Address (if any) Mother's Office Address (if any)

Telephone:

Telephone:

20. Name of the Local (Guardian and Ac	dress with Pin C	Code and Tele	ephone No.		
			-	J.		
Mob: Tel:						
21. Marks	CDCE	ICCE		SSLC		0/ OF MADIC
SUBJECT ENGLISH	CBSE	ICSE		33LC		% OF MARKS
MAL./HIN./FRE						
Theory			Phy:			
BASIC SCIENCE			Che :			
Practical			Bio :			
SOCIAL SCIENCE						
MATHS						
COURSE OFFERED - SCIENCE SCIENCE COMMERCE I undertake to state t	Stream 1 : PCM Stream 2 : PCM Stream 3 : PCB0 Stream 1 : BAEI Stream 2 : BAE	B: English Core C: English Core C: English Core P: English Core VI: English Core	e, Physics, Che e, Physics, Che e, Business Stu e, Business Stu	dies, Accountan	Computer computer cy, Economics cy, Economics	
Date :				I	Name & Signa	ature of the Parent/Guardia
b. Mark list of	cuments must be ertificate & Transof All India Secondort size photos (or granted to stude omplete applicat	submitted at the sfer Certificate. Idary School Exar Colour) nts placed in con ons will be rejec	time of adm mination (Class npartment. ted.	ission.	ther equivalen	t examination.
		FOR OF	FICE USE	ONLY		
Date of Admission	:					
Parent/Guardian (specify who accompanied the s						
Remarks	:					
Group admitted	:					
Signature of Superintence	lent :					
Adm. No.	:					