

## Vijayamatha Public School

Affiliated to CBSE No: 930435 | Chottupara P O | Thookkupalam | Idukki District Phone: +91 4868 223 580 | +91 9747 035 123 | Email: office@vijayamathaschool.com

FOR OFFICE USE ONLY		
Admission Number		
Standard		
Date of Admission		

Affix a recent Passport size Photograph of the student

## APPLICATION FOR ADMISSION

LISE CAPITAL LETTERS ONLY

USE CAPITAL LETTERS ONLY				
1) Name of the Pupil:				
2) Name in Malayalam:				
3) Gender (Male/Female):	_ Height in Cm:	Weight in Kg:		
4) Whether Physically Handicapped (Yes/No): _				
5) Date of Birth (DD/MM/YYYY Format):				
6) Date of Birth in Words:				
7) Age (As on the date of application) :	In Words			
8) Class to which Admission in sought:	In Words			
9) Place of Birth: (A) Place	(B)	Village:		
(C) Taluk:	(D) District:			
10) Religion:Caste:	Category (SC/ST/OBC/ GEN):			
11) Nationality:	State (If Indian):			
12) Father's full Name:				
13) Mother's full Name:				
14) Guardian's Full Name (If applicable):				
15) Permanent Address of Parent/Guardian:				
Pin Code: Land Phone:				

16) Present Address (If different from permanent Ad	ldress):
	Mobile:
17) Occupation: (A) Father	(B) Mother
18) Guardian's Occupation(If applicable) :	
19) Educational Qualification: (A) Father:	(B) Mother:
(C) Guardian (If applicable):	
21) Own Brother(s)/Sister(s) Studying in this School	
, , , , , ,	Class & Division:
	Class & Division:
	Class & Division:
22) Mother Tongue:	
23) Emergency Contact Numbers of Parents: (1)	(2)
24) Email Address of Parent:	
NOT APPLICABL	E FOR LKG & UKG
25) Hobbies/Areas of interest:	
26) Permanent Body Mark:	
27) Prizes/Awards Won (Mention item): (A) District	Level:
(B) State Level:(C	) National Level:
28) Name of the School last attended:	
	(B) TC Date:
	HE PARENT/GUARDIAN
	r/Guardian of the information stated above are true to the best of my
	nd regulations of the school and I assure that my
ward/son/daughter will abide by them.	5
Place: Thookkupalam	Signature
Date:	Parent/Guardian