

ANNEXURE-IV
MODEL APPLICATION FORM FOR ADMISSION
(See Regulation 17(e))

Application No. _____ Admitted in: _____ on: _____ Admission No. _____

1. Name of Student (in Block Letters) : _____

2. Gender : _____
3. Date of Birth (Original and Photocopy of Birth Certificate to be attached) : _____
4. Nationality : _____
5. Religion : _____
6. Community: : _____
7. Residential address of the Student : _____

8. (a) Name of Father : _____
(b) Occupation (Specify) : _____
(c) Address (Office) : _____

(d) Telephone No. : _____
(e) Mobile No. : _____
(f) E- Mail : _____
9. (a) Name of Mother : _____
(b) Occupation (Specify) : _____
(c) Address (Office) : _____

(d) Telephone No. : _____
(e) Mobile No. : _____
(f) E- Mail : _____
10. (a) Name of Guardian : _____
(b) Relationship to the student : _____
(c) Occupation (Specify) : _____
(d) Address (Office) : _____

(e) Telephone No. : _____
(f) Mobile No. : _____

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- (g) E- Mail : _____
12. If the Child has any allergies (specify) : _____
13. In case of any emergency whom should be contacted
- (a) Parents : _____
- (b) Family Doctor : _____
(with contact Phone No.)
15. Any other information you wish to state, in brief : _____

I declare that the details given above are correct.

Date

Signature of Parent / Guardian