



ST. ANTONY'S PUBLIC SCHOOL
 KIZHAKKAMBALAM - 683562, PHONE: 04842686397, 9947587057
 CBSE REG NO: 930827

Sl. No:

APPLICATION FOR ADMISSION

Photo with date

Admission No.: (To be filled by office)

Class to which admission sought: Session:

PERSONAL DETAILS

1. Name: First Name:

Middle Name:

Last Name:

2. Gender: Male Female Any other

3. D.O.B:

In words:

[Attach Date of Birth certificate issued by the Competent Authority]

4. Blood Group:

5. Details of Parents:

Details	Mother	Father	Guardian
Name			
Residential Address			
Educational Qualification			
Occupation			
Official Address			
Mobile No:			
WhatsApp No:			
E-mail			
Annual Income <i>(in Rupees)</i>			

6. Whether the candidate is:

- (i) Single Girl Child : Yes No
- (ii) Specially abled (Divyanggan) : Yes No
- (iii) Belonging to the EWS : Yes No

7. **Category** (*Attach Proof*): General SC ST OBC EWS

8. **Aadhar No.:**

9. **Permanent Education Number (UDISE):**

10. **Mention whether the child has gone to Pre-school:**

11. **Name & Address of the Pre-school:**

12. **Details of siblings (if any):**

Sl. No.	Name of the student	Class & Section	Name of the School

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 in letter and spirit.

Date:

Signature of the Parent(s)/ Guardian

Place:

Relation with candidate:

OFFICE USE

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

Signature of Principal

Abbreviations

SC - *Scheduled Caste*

OBC - *Other Backward Community*

ST - *Scheduled Tribes*

EWS - *Economically Weaker Section*

Documents to be submitted at the time of Admission:

1. **Copy of Birth Certificate, Issued by the competent Authority**
2. **Recent Passport size Photo with Date printed on it. - 3 nos.**
3. **Copy of Vaccination chart.**
4. **Copy of Aadhar card.**
5. **Copy of Category proof.**
6. **Annual Income Certificate (Self Attested)**
7. **Proof of Specially Abled Certificate from a registered Doctor of Rehabilitation Council of India**