

MAR IGNATHIOSE NOORONO PUBLIC SCHOOL

Mekkadampu P.O, Muvattupuzha, PIN: 682316, Ph: 0485-2207199

CBSE Affiliation No:-930949 /School Code – 75921



APPLICATION FORM

Name of the student (As given in the birth Certificate)(USE CAPITAL LETTERS ONLY)			
Class to which Admission is Sought			
Sex		Blood Group	
Date of Birth In figures			
In Words			
Aadhar No.		Nationality	
Caste		Religion	
Does the candidate belong to OBC,OEC,SC or ST ,if so specify			
Bank name ,Branch, Account No., IFSC Code(Student)			
Identification Marks			
INFORMATION REGARDING PARENTS			
Name of Father			
Qualification		Occupation& Official Address	
Mobile No		APL /BPL	
Annual Income of the Family			
Name of Mother			
Qualification		Occupation& Official Address	
Mobile No			
Whether brothers or sisters studying in this school, if so Name & Class			
Extra curricular activities if any			

Whether Transfer Certificate is attached, if yes Write the Number and date of Transfer Certificate			
Permanent Address		Temporary Address	
<u>DETAILS OF THE GUARDIAN</u>			
Name			
Address			
Occupation		Mobile No.	
<u>DETAILS OF THE INSTITUTION LAST STUDIED</u>			
Name of the School			
Address of the School			
Class			

DOCUMENTARY EVIDENCE AND SUPPORTING INFORMATION SUBMITTED(Put Tick Mark)

Copy of Birth Certificate
 Academic Record
 Original Transfer Certificate
 Community Certificate
 Copy of Aadhar Card
 Copy of Vaccination Card

I hereby declare that the above statements are true and I will take the responsibility of looking after the studies of my ward during the course of study in the school.

Place:

Date:

Signature of Parent/ Guardian

FOR OFFICE USE ONLY

Date of admissionAdmission No.....

Standard to which admitted.....

Principal