No.



PLEASE PASTE A PASSPORT SIZE COLOUR PHOTOGRAPH OF THE APPLICANT HERE

## APPLICATION FORM

IMPORTANT:- PLEASE READ INSTRUCTIONS GIVEN OVERLEAF BEFORE FILLING UP

Name of the Pupil								L															L		丄			
Sex		] B	оу			Gir																						
Date of Birth		D		 M M	М	L	Y	1	Ag	e a	s c	n '	1-6	-20	16	; L			Yr	s			I	1on	ths			
Religion																												
Caste/ Community																												
Admission sought for		Lk	(G																									
Nationality																				L								
Mother Tongue																												
State & Place of Birth																					1							
Details of earlier schooling																												
Name of Father																						<u></u>						
Educational Qualification																						<u></u>	L					
Occupation																						Щ.	<u></u>					
Office Address																						<u></u>						
												$\perp$											<u></u>					
																				F	PIN		L					
Phone					1										L								L					
Mobile																	L											
E-mail																									Ш			
Name of Mother																							<u></u>				$\perp$	
Educational Qualification							1		1																			
Occupation									1	1	1							1										
Office Address																												
		l				ı	1		ī	1	ı						ı						ı	1	ı	l	1	
		l		I	1				1	ı	ı	ı			l	I		ı	1	-	Р	NI			ı			
Phone			 						1	1	1			1				-				1						
Mobile			 	1	-	ı				· 	1						1	1		ı								
E-mail	L	L	L	L	L	L									L		_						L	L	L	L	<u> </u>	

Residential Address of the Applicant					1					Ţ	L			<u> </u>	L	L	1			ı L	 	1
															1	1				1	1	_
								1 1						1		1	1			1	1	1
						1 1		1 1		<u> </u>	1				· PIN	1	1	1	1	1	<u>'</u>	] -
Res: Phone													1	J [		 	1			1	1	]
Name of Guardian*				·—		1 1				1	1		<u>-</u> 	I	' I							_
Relationship to the Applicant					1	1 1			i		<u> </u>	<u> </u>		1					i		<u> </u>	_
Occupation														1				<u> </u>				_
						1 1		1 1					1	1	1	1				1		
Office Address					1			1 1	1			<u> </u>	l	1	1	1						
								1 1				1		PIN	 	1						_
Phone													, 									1
Mobile					1			1					_	ı	 				1	1		
E-mail								 	1	ı	ı										1	_
* IF PARENTS ARE OUT OF STATION		·		•			•		·							·			·	•		_
	emnly de	clare	that	the	abo	ove p	oarti	cular	s ab	out	t					are	e tru	ue	and	l cc	rre	ct.
Declaration: I sole  ———————————————————————————————————	emnly de	clare	that	the	abo	ove p	oarti	cular	s ab	out	t											
Declaration: I sole  Place: Date:	emnly de	clare	that	the	abo	ove p	oarti	cular	s ab	out	t								and			
Declaration: I sole  ———————————————————————————————————	ing BLOC ı, Tick(√) o	CK LET	TTEF	RS o	only. I	E-ma	il id (	can b	e fille	ed u	p in	sm	Sig all l	jnat lette	ure	e of						
Place: Date:  INSTRUCTIONS:-  1.Please fill the spaces usi Wherever boxes are given.  2.The name of the applican  R O N A L D O  C   3.Irrelevant spaces must b	ing BLOC , Tick(√) o nt must b A   P   R   I be left bla	CK LETonly the writt	TTEF e on en ir	RS one ap	only. I ppplica leav	E-ma able ving a	il id (	can b	e fille	ed u	p in	sm	Sig all l	jnat lette	ure	e of						
Place: Date:  INSTRUCTIONS:- 1.Please fill the spaces usi Wherever boxes are given 2.The name of the applicar   R   O   N   A   L   D   O     C   3.Irrelevant spaces must b 4.The year and age spaces	ing BLOC , Tick(√) ont must b A PR B be left blad s must be	CK LETonly the written with the writen with with the writen with the written with the written with the writt	ITEF e on en ir	RS one appropriate the state of	only. I ppplica leav	E-ma able ving a	il id (	can b	e fille	ed u	p in	sm	Sig all l	jnat lette	ure	e of						
Place: Date:  INSTRUCTIONS:-  1.Please fill the spaces usi Wherever boxes are given.  2.The name of the applican  R O N A L D O  C   3.Irrelevant spaces must b	ing BLOC n, Tick(√) o nt must b A   P   R   I be left blan s must be □ 9   for 4	CK LETonly the writted writted with the writted with Juli	FTEF e on en ir 	RS one appropriate appropriate the the the the the the the the the t	only. I ppplica leav	E-ma able ving a 	il id d blar	can be	e fille	ed u	p in	ı sma	Sig all I	ngnat lette	ers	e of	Pa					
Place: Date:  INSTRUCTIONS:-  1.Please fill the spaces usi Wherever boxes are given 2.The name of the applican  RONALDO C  3.Irrelevant spaces must b 4.The year and age spaces  0 4 0 7 2 0 0  5.The duly filled application	ing BLOC  nt must be A P R be be left blace s must be 19 for 4  n forms a	CK LETonly the written written written written written written written will long w	TTEF e on en ir en in y 200	RS one appropriate appropriate the the the the the the the the the t	only. I ppplica leav	E-ma able ving a 	il id d blar	can be	e fille	ed u	p in	ı sma	Sig all I	ngnat lette	ers	e of	Pa					
Place: Date:  INSTRUCTIONS:-  1.Please fill the spaces usi Wherever boxes are given 2.The name of the applicar    R   O   N   A   L   D   O     C    3.Irrelevant spaces must b 4.The year and age spaces   O   4   O   7     2   O   O  5.The duly filled application the last date.	ing BLOC  nt must be A P R be be left blace s must be 19 for 4  n forms a	CK LETonly the written written written written written written written will long w	FTEF e on en in en in y 200	RS one apoint full the	only. I pplica leav form	E-ma able ving a l	il id de blar de la bl	can be	e fille	ed u	p in	ı sma	Sig all I	ngnat lette	ers	e of	Pa					
Place: Date:  INSTRUCTIONS:-  1.Please fill the spaces usi Wherever boxes are given 2.The name of the applican  R O N A L D O  C  3.Irrelevant spaces must b 4.The year and age spaces   0 4  0 7   2 0 0 5.The duly filled application the last date. 6.Incomplete applications v	ing BLOC  nt must be A P R be be left blace s must be 19 for 4  n forms a	CK LETonly the written written written belong wiected.	FO	RS one apoint full the	only. I pplica leav form	E-ma able ving a l l	il id de blar blar blar blar blar blar blar blar	can benk spa	e fille	ed u	p in	een a	Sig all I	lette	ers	e of	Pa					

Signature of the Headmistress