

De Paul Public School

Thodupuzha East P O, Idukki Dt., Kerala 685 585

Tel. No.: 04862 229155, Mob. No.:9446438000

Email:depaulpublictdpa@gmail.com



APPLICATION FOR ADMISSION TO AISSCE COURSE 20__ TO 20__

Name(<i>in block letters</i>)	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	
Mother Tounge	
Religion	
Caste	Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OEC <input type="checkbox"/>
Aadhar Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Does candidate belong to minority community	
Whether the candidate is an only child	
Does candidate have any Learning Disability	

Stream to which admission is sought(tick your choice)

Maths Stream	Biology Stream		Commerce Stream	
MS_1	BS_1	BS_2	CS_1	CS_2
English Physics Chemistry Mathematics Computer Science	English Physics Chemistry Biology Mathematics	English Physics Chemistry Biology Computer Science	English Economics Accountancy Business Studies Mathematics	English Economics Accountancy Business Studies Computer Science
First option <input type="checkbox"/>	Second Option <input type="checkbox"/>		Third Option <input type="checkbox"/>	

Address for communication

Permanent	Present
Tel. No.: _____	Tel. No.: _____
Mobile No.: _____	Mobile No.: _____

Information regarding Father, Mother & local Guardian

	Father	Mother	Guardian
Name			
Occupation			
Office Address (if any)			
Mobile No.			
Email Id			
Annual Family Income			
Name of institution last attended			

Details regarding qualifying examination

Name of Examination	CBSE	ICSE	SSLC	Others
Register Number				
Month & year of passing				
Medium of instruction				

Special achievements(if any) : _____

Your ambition : _____

Declaration

I undertake to state that the information furnished here in above is true to the best of my knowledge and agree to abide by the rules and regulations of the school which are in force from time to time.

Date: _____ Signature of applicant Signature of parent / guardian

For office use

Details of TC : T C No. _____ Date _____

Group Allotted : _____

Date of Admission : _____

Admission No. : _____

Certificates Submitted : _____

Signature of Office in-charge