

De Paul Public School

Thodupuzha East P O, Idukki Dt., Kerala 685 585
 Tel. No.: 04862 229155, Mob. No.:9446438000
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APPLICATION FOR ADMISSION TO AISSCE COURSE 20__ TO 20__

Name(in block letters)	
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"/>
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

Candidates Photo

Maths Stream		Biology Stream		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
MS_1	BS_1	BS_2		
English Physics Chemistry Mathematics Computer Science	English Physics Chemistry Biology Mathematics	English Physics Chemistry Biology Computer Science		
Humanities Stream		Commerce Stream		
HS_1	HS_2	CS_1	CS_2	
English History Economics Sociology Mathematics / Informatic Practices	English History Economics Sociology Legal Studies	English Economics Accountancy Business Studies Mathematics	English Economics Accountancy Business Studies Computer Science	
First option <input type="text"/>	Second Option <input type="text"/>	Third Option <input type="text"/>		

Details regarding qualifying examination

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

Address for communication	
Permanent	Present
Tel. No.: _____	Tel. No.: _____
Mobile No.: _____	Mobile No.: _____
Whatsapp : _____	Whatsapp : _____

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			

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