



ARCHBISHOP MAR GREGORIOS PUBLIC SCHOOL

MAR GREGORIOS NAGAR, KOTTOOR P.O., THIRUVALLA - 689 582

PH: 9447563931

ADMISSION FORM FOR PLAY CLASS, LKG & UKG

| | | | |
|----|---|--|--|
| 1 | Name of student (Initials to be given at the end) | | |
| 2 | Class to which admission is sought (in words) | | |
| 3 | Name of Parent / Guardian and relationship to the student | | |
| 4 | Occupation and address of Parent/ Guardian and Telephone number | | |
| 5 | a) Date of birth (in words and figures) b) Whether certificate from Panchayat/ Parish/Registered Medical Practitioner has been produced | | |
| 6 | Age on date of application (in words) (Number of years and completed months should be given) | | |
| 7 | Religion & Community | | |
| 8 | Nationality & State to which the student belongs | | |
| 9 | Whether the candidate belongs to the scheduled caste or scheduled tribe or other backward communities or is a convert from scheduled caste or scheduled tribe. | | |
| 10 | Mother tongue of the student | | |
| 11 | Aadhar Card Number | | |
| 12 | Permanent bodily marks | | |

I parent / guardian of
do hereby declare that the particulars entered in this form are true to the best of my knowledge and belief and
that I have read the rules of discipline of the school and that I undertake that my ward will abide by them.

Station.....

Date.....

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Date of Admission.....

Admission No.....



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APPLICATION FORM FOR PRIMARY SECTION

Application No.

- 1 Name of Pupil Male / Female.....
- 2 Name of Parent / Guardian and
relationship of the Pupil
- 3 Occupation and address of Parent/
Guardian and Telephone No.
- 4 School previously attended if any
- 5 a) Date of Birth (in words and figures)
- b) Whether certified by Parish/Panchayath/
Registered Medical Practitioner
- 6 Age on Date of Application (in words)
- (Number of years and completed months should be given)
- 7 Caste - Sub caste
- 8 Nationality & State
- 9 Standard to which admission
is sought (in words)
- 10 Mother tongue of the pupil
- 11 Aadhar Card Number

I have read the rules of discipline of this school and under take that my ward will abide by them. I solemnly declare that the above particulars are true and correct.

Date.....

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Date of Admission.....

Admission No.....

Standard to which admitted.....

Remarks