



# BROOK INTERNATIONAL SCHOOL

AFFILIATED TO CBSE, NEW DELHI NO – 930717, RAJAGIRI, SASTHAMCOTTA, KERALA, INDIA - 690521  
TEL : 0476 – 2831999, 2967677 | FORM 3, [See Rule VI-1 (1)]

AFFIX  
RECENT  
PHOTOGRAPH

## APPLICATION FOR ADMISSION

Application No. \_\_\_\_\_

(NB: Use only CAPITAL Letters)

1	Name of the Applicant (in Block Letters, as in Birth Certificate)			
2	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
3	Date of Birth (In figures and Words)	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
4	Age as on date of application (in words)			
5	Standard to which admission is sought (in number & words)			
6	Aadhar No.			
7	Pen No			
8	APAAR ID			
9	Father's Name			
	Educational Qualification			
	Occupation & Office Address			
	Office Ph. No.			
	Annual Income			
	Contact No.			
10	Mother's Name			
	Educational Qualification			
	Occupation & Office Address			
	Office Ph. No.			
	Annual Income			
	Contact No.			
11	Brother or Sister if any	Name	Age	School
12	Members in the family & relation to the student	1.		
		2.		
		3.		
		4.		
13	Whether the child is residing with the parents and permanent address			
14	If not who is the local guardian	Name :		
	Educational Qualification			
	Occupation & Office Address			
	Office Ph. No.			
	Annual Income			
	Contact No.			
15	Previously attended school with details	Year	Std	School
16	Religion and denomination			
17	Nationality and State			
18	Candidate belongs to the SC /ST/OBC or is he /she a convert from SC / ST			
19	Mother Tongue			
20	No. & Date of TC			
21	Permanent body mark, Blood Group			

### DECLARATION

I \_\_\_\_\_ parent / guardian of \_\_\_\_\_ do hereby declare that all the particulars entered in this form are true to the best of my knowledge and belief and also that I have read the rules & regulations of the school and that I undertake that my ward and myself will abide by them. I further declare that the date of birth of my ward given above is correct and that I will not apply in future for the correction of the date of birth.

Place :

Date :

Signature of parent / Guardian

### For Office use only

Date of admission \_\_\_\_\_

Std \_\_\_\_\_

Admission No. \_\_\_\_\_

Signature of Principal