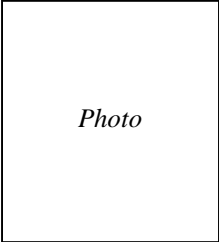




JAWAHAR PUBLIC SENIOR SECONDARY SCHOOL
EDAVA P.O, VARKALA, TVM - 695 311

APPLICATION FOR KINDERGARTEN
(20..... - 20.....)



Admission No:

1. Student's Name in Full (In Block Letters), Leave one space between Names and Initials

2. Date of Birth (In Figure) :

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3. Age as on 01 June, 20....

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 Gender

B	G
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4. Class to which admission is sought (In words & figures) _____

5. Nationality : _____ Mother tongue : _____

6. Religion: _____ Caste: _____ SC/ST or OBC

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7. Blood Group _____ Height _____ Weight _____

8. Disabled :

Y	N
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 Type of Disability : _____

9. Identification Marks _____

PARENTAL INFORMATION

1. Father's Name Mr. _____

Academic Qualification: _____

Occupation: _____ Designation: _____

Office Phone: _____ Mob: _____

2. Mother's Name Mrs. _____

Academic Qualification: _____

Occupation: _____ Designation: _____

Office Phone: _____ Mob: _____

3. Residential Address: _____

Pin: _____ Phone: _____

4. Guardian's Name : _____ Mob: _____

5. Name, Class and Div. of own Brother/Sister if studying in Jawahar : _____

Date of Interview shall be intimated over phone
(Please attach attested copy of the Birth Certificate)
DECLARATION
I,.....father/mother/guardian of
do hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.
Place :
Date :
Signature of parent/guardian