



GNANA JYOTHI SCHOOL

Jangamakote Cross, Sidlaghatta Taluk, Chickballapura Dist.

ADMISSION FORM

Admission No.....

Year.....

No. 074

PHOTO

TO BE FILLED IN BLOCK LETTER & TICKED () WHERE EVER NECESSARY
(INCORRECT AND INCOMPLETE APPLICATION WILL NOT BE CONSIDERED)

Pupil's name in full (Underline surname)

Gender (Please Tick)

Male Female

Blood Group

Date of Birth..... (Age as on 1st June 20..... Year..... Month..... Days.....
in words..... Place of Birth..... State.....
Taluk..... Town..... District.....

Mother tongue..... Language spoken at home.....
Second Language.....

Religion..... Schedule caste/Schedule tribe/OBC/Gen (Strike off which is not applicable)
Caste..... Category.....

Name of the School last attended, if any..... Medium of instruction.....
Is it a recognised institution (Please tick) Yes No
If So, to which board is it affiliated.....
Standard or class in which the student was last studying.....
Promoted to.....

Brothers or Sisters at Gnana Jyothi School (Does not include cousins) : if any please give the name and standard in which he/she is now or was at the time of leaving.

1)..... Std..... 3)..... Std.....
2)..... Std..... 4)..... Std.....

Father's Name..... Qualification.....
Designation.....
Place of Occupation.....

Office name and address..... Phone No.....
Mobile No.....
Email id.....

Annual income..... in words.....

Mother's Name		Qualification	
		Designation	
		Place of Occupation	
Office name and address		Phone No.	
		Mobile No.	
		Email id.	
Annual income in words			
Residential address for correspondence		Permanent address	
Number of Brothers Elder..... Younger..... Number of Sisters Elder..... Younger.....			
Student residing with (Please tick) Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Hostel <input type="checkbox"/> Rented room <input type="checkbox"/> * Free boarding <input type="checkbox"/>			
Guardian's Name		Qualification	
		Designation	
		Place of Occupation	
Office name and address		Phone No.	
		Mobile No.	
		Email id.	
Has the student enclosed the previous schools transfer certificate (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
if yes T.C. No..... Date.....			
DECLARATION			
I hereby declare that the particulars given above are correct to the best of my knowledge and belief. I further declare that the name and date of birth of my son/daughter/ward, is correct and I shall not ask for a change at any time.			
I accept the objectives of the school and the code of conduct for the students as given in the school diary and I promise to abide by the same.			
Date.....		Signature of Father.....	
		Signature of Mother.....	
		Signature of Guardian.....	
Date of Admission	Standard	Section	Admission No.
Clerk		Principal	
Date of Leaving	Standard	T.C. Number	Date