



Madhuvan sai vidyashram school

PULIYARAKONAM THIRUVANANTHAPURAM-695573

1.NAME OF PUPIL _____
(initial to be given at the end)

2. SEX _____ 3. AGE &DATE OF BIRTH _____.

4. NATIONALITY _____ . 5.STATE _____.

6.RELIGION _____ . 7. CASTE _____

8.MOTHER TONGUE _____.

9. STANDARD TO WHICH ADMISSION IS SOUGHT _____.

10. DOES THE CANDIDATE BELONG TO SCHEDULED CASTE/SCHEDULED TRIBE/OTHER
BACKWARD COMMUNITY OR IS HE/SHE A CONVERT FROM
SC/ST _____.

11. NAME OF FATHER _____.
(A)EDUCATIONAL QUALIFICATION: _____.
(B) OCCUPATION _____.
(C) PRESENT OFFICE ADDRESS: _____.

12.NAME OF MOTHER: _____.
(A)EDUCATIONAL QUALIFICATION: _____.
(B)OCCUPATION _____.

13.NAME OF GUARDIAN : _____.
(IF OTHER THAN FATHER OR MOTHER)
EDUCATIONAL QUALIFICATION: _____.
OCCUPATION: _____.
RELATIONSHIP WITH STUDENT: _____.

14. PERMANENT ADDRESS
HOUSE NAME: _____.
HOUSE NUMBER _____ POST OFFICE _____
DISTRICT _____
PINCODE _____ PHONE NUMBER _____

15 ADDRESS FOR COMMUNICATION
HOUSE NAME _____
HOUSE NUMBER _____
PIN CODE: _____ PHONE NUMBER _____

16. CONTACT TELEPHONE NUMBER OF GUARDIAN
MOBILE NUMBER _____ OFFICE PHONE NUMBER _____
ANY OTHER CONTACTS _____

17. NAME AND ADDRESS OF DAYCARE PLAY SCHOOL, SCHOOL PREVIOUSLY ATTENDED BY THE STUDENT: _____

18. NO & DATE OF TRANSFER CERTIFICATE PRODUCED FOR ADMISSION:

19. NOTABLE SICKNESS/PHYSICAL DISABILITY IF ANY FOR THE STUDENT _____

20. DATE OF VACCINATION: _____

21. WHETHER IMMUNIZED FROM TETANUS, DIPHTHERIA, MEASLES, POLIO&B.C.G. _____

22. DETAILS OF BIRTH CERTIFICATE (ATTESTED COPY TO BE ATTACHED)

(A) DETAILS OF ISSUING AUTHORITY _____

(B) DATE OF CERTIFICATE: _____

(C) PLACE OF BIRTH AS PER BIRTH CERTIFICATE: _____

(D) NAME AS PER THE BIRTH CERTIFICATE: _____

DECLARATION BY PARENT /GUARDIAN SEEKING ADMISSION

I _____ HERE BY DECLARE THAT THE STATEMENTS MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE GONE THROUGH THE RULES AND REGULATIONS BINDING ON THE STUDENTS OF MADHUVAN SAI VIDYASHRAM AND UNDERTAKE THAT MY WARD SHALL ABIDE BY THEM. I ALSO UNDERTAKE TO PAY THE FEES IN TIME AND CLEAR ALL ARREARS IF ANY BEFORE MY WARD IS PROMOTED OR ISSUED THE TRANSFER CERTIFICATE.

PLACE

DATE

SIGNATURE OF PARENT/GUARDIAN

FOR OFFICE USE

ADMISSION NUMBER _____ DATE OF ADMISSION _____

CLASS TO WHICH ADMITTED _____ RECEIPT NO ISSUED FOR ADMISSION

FEES _____

APPLICATION VERIFIED BY _____ INTERVIEWED BY _____

INTERVIEWED THE PARENTS ON. _____

REPORT

SIGNATURE OF INTERVIEW BOARD MEMBERS: _____

SIGNATURE OF THE HEAD OF THE INSTITUTION AT THE TIME OF ADMISSION: _____

DATE OF LEAVING _____ CLASS ATTENDED/PASSED: _____

REASON FOR LEAVING. _____

SIGNATURE OF HEAD OF INSTITUTION AT THE TIME OF LEAVING