Nadvathul Islam



English School

(CBSE Affiliation No. 930821)

NADVATH NAGAR P.O., Arookutty, Cherthala, Alappuzha, Kerala PIN - 688 526 Phone: 0478 2874335, 2872443, E-Mail: nadvathulisalmenglishschool@yahoo.in

APPLICATION FOR REGISTRATION / ADMISSION

- 1. Please fill up the form in BLOCK LETTERS
- 2. Application must be submitted along with all required documents
- 3. In all future correspondence, please mention the Admission Number.
- 4. Nadvathul Islam English School reserve the right to reject any application without infroming the reason.

1.	Name of the Pupil	Negeta
2.	Name of father/guardian full Address relation with the pupil	:
	Nagro	
3.	Educational qualification and occupation) BBL
4.	Name of Mother	:
5.	Educational qualification and occupation	:
6.	Sex	: '
7.	Date of birth	:
8.	Mother tongue	:
9.	Languages known	:
10.	Religion & Caste	:
11.	Nationality & State the pupil belong to	:
12.	Class to which Admission is sought	:
13.	Two Identification marks	:
14.	School in which the pupil Studied last	:
15.	Reasons for leaving the previous school No. and date of T.C. submitted	:
16.	Blood Group	:
17.	Height and Weight	:
18.	Hobbies & Games interested	:
19.	Diet preference	:
20.	Record of Immunisation	:
21.	Details of brothers/sisters studying in this school	:

DECLARATION			
Date :-			
25. Place :-			
24. Signature of parent	:		
23. Any illness/tendency/needed personne care for the pupil	el :		
22. Monthly family income	:		

I certify that I am the guardian of the child and the information given above are true, correct and complete to the best of my knowledge and they shall from the basis for admission of my child in Nadvathul Islam English School. I do here by agree that I shall abide by the rules and the regulations of the school in all respect. I further agree that the directions issued from time to time by the management of the School shall be binding on me.

Place: Signature Name

FOR OFFICE USE ONLY

Admission No.

:

Name of the pupil

:

Name of applicant

Address for correspondence

Tel. Ph. No. Office

Residence

Amount remitted with receipt No.

Date of Admission

PRINCIPAL