SDKY GURUKULA VIDYALAYA (CBSE)



EROOR SOUTH, TRIPUNITHURA - 682 306 TEL: 0484 - 2778630

Register No: KG Admission No:

APPLICATION FOR ADMISSION

1.	Full Name of Pupil (In block letters)	:	
2.	Sex	:	Male / Female
3.	Place and date of birth	:	
4.	Age as on 1st June of the year of ac	dn	ission:yearsmonths
5.	Name of parent		
	Father	:	
	Mother	:	
6.	Occupation of Parent	:	
	Father	:	
	Mother	:	
7.	Office address and Tel. No.	:	
8.	Nationality	:	
9.	Religion/Caste	:	
10.	Mother Tongue	:	
11.	Class to which admission is sought	:	
12.	Aadhar No.	:	
13.	a) School last attended	:	
	b) No. and date of Transfer Certificate produced on admission	:	
14.	Residential address and Tel. No.	:	
15.	Monthly Income of parent/guardian	ı :	
Pla	ce:		
Dat	te:.		Signature of Parent/Guardian
]	DECLARATION
	•		nished above are true to the best of my knowledge and belief and regulation of the school as issued from time to time.
Plac	ce:		
Dat	e:		Signature of Parent/ Guardian
	F	OR	OFFICE USE ONLY

Admission to Class. Section



Principal



SDKY GURUKULA VIDYALAYA (CBSE)

EROOR SOUTH, TRIPUNITHURA - 682 306

Affiliated to the Central Board of Secondary Education, New Delhi, Affiliation No. 931283

Register No:	Admission No:		
APPLICA	ATION FOR ADMISSION		
1. Full Name of Pupil (In block letters)	:		
2. Sex	: Male / Female		
3. Place and date of birth	:		
4. Age as on 1st June of the year of adm	mission:yearsmonths		
5. Name of parent			
Father	:		
Mother	:		
6. Occupation of Parent	:		
Father	:		
Mother	:		
7. Office address and Tel. No.	:		
8. Nationality	:		
9. Religion/Caste	:		
10. Mother Tongue	:		
11. Class to which admission is sought	t :		
12. Aadhar No.	:		
13. a) School last attended	:		
b) No. and date of Transfer Certificate produced on admission	:		
14. Residential address and Tel. No.	:		
15. Monthly Income of parent/guardian	n:		
Place:			
Date:	Signature of Parent/Guardian		
	DECLARATION		
•	ished above are true to the best of my knowledge and belief and that tion of the school as issued from time to time.		
Place:			
Date:	Signature of Parent/ Guardian		
FOR	OFFICE USE ONLY		

Admission to Class. Section