Scholar No._____

Emmanuel Mission School

Application for Admission

Please fill in the form in all **CAPITAL** letters

Affix recent Passport size photograph here

Admission Applied for Class _____ Session [ ][ ][ ][ ]-[ ][ ][ ][ ]

Student's Name

Age [ ][ ] Date of Birth [ ][ ] [ ][ ] [ ][ ][ ][ ] Sex: _____

Date of Birth (in words) _____

Father's Name

Mother's Name

Religion _____ Caste _____ Nationality _____

Occupation _____ Monthly Income _____

Category

General [ ]
S.C. [ ]
S.T. [ ]
O.B.C. [ ]

(Please tick the appropriate)

Local Address

Permanent Address

Telephone No. Res_____ Off. _____ Mobile _____

Nearest telephone and name of contact person in case of emergency _____

School Last Attended _____ Class _____

Medium of Instruction _____ T. C. No. _____

Birth/Transfer Certificate and Mark Sheet must be submitted in original along with the Application form.

UNDERTAKING

I hereby declare that I shall abide by the rules and regulations of the School in force or as amended from time to time and undertake to pay all school dues pertaining to monthly fee, term fee and any other fee payable by my ward. In case of delayed or non-payment of any dues, the school can levy a fine or strike off the name of my ward. I also agree to pay for the damages done to the school property by my ward.

Admit in Class _____ **Signature of Parent**

Date _____ **Principal** **Date** _____

For Office Use Only

Birth/Transfer Certificate Number _____ Dated _____ S/R Register No. _____

Fee Amount _____ Receipt No_____ Date _____

Signature