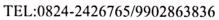
## MILAGRES CENTRAL SCHOOL

HAMPANKATTA, MANGALURU - 575 001

(Affiliated to Central Board of Secondary Education - New Delhi)

Affiliation No. 830757



e-mail: milagresprimaryschool@yahoo.com website: milagresschool.com

APPLICATION FOR ADMISSION			Application No Application				
<b>General Instructions</b> 1) Fill the form in E Names and DOB entered in this form will	BLOCK LETTERS O be treated as final and t	Only 2) To be no changes w	filled and signe vill be accepted	ed only by Parents. in future.	e e e e e e e e e e e e e e e e e e e		
Grade Applied for For Academic Session		n 20	2 - 202	Affix a Recent			
Office Use Only				J N   1	passport Size Photograph		
Admission No.					with date		
Student Information Name of the Student (As per Birth (	Certificate)				:		
				2 1911/202	· 23++ + +		
				117			
Date of Birth (in figures)		Gender	r : Male	Female	Any other		
In Words					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Age as on 31 MayPlace of Birth:	Taluk:		District:	القيد بدين	States		
		_					
Nationality		ZETZITE.	Postor				
NationalityAadhar Card NoMother Tongue		and the C	Caste:				
Family Details (Please Tick √th					731		
Father's Full Name (as per proof at	tached)			l Name (as per pr			
Educational QualificationOfficial Address			Educational QualificationOfficial Address				
Employed Self Employed Occupation Ph. No. Office		]	Employed Self Employed Occupation				
Annual Income			Ph. No. Office Annual Income				
Mobile No:			Mobile No:				
Email			Email	2:10	AZULANI CRITTALII. A		
Aadhaar Card No:	Type L		Aadhaar Cai	rd No:	er e		
Residential Address:  District:		Maria Guillo III	***				
Pincode:			City:		State:		
a incode;	Total Numbe	er of Mem	bers at hor	me:			

Guardian D					×1		
Full Name of	fthe Guardian			7	: No		N N
Relationship	with the child			Email:		The second second second	10000
Residential A	Address						
	e candidate is (1) Single Girl ( (2) Specially abl			es	No No		
Other Deta	alle						
	nt (Please tick ✓if applicable)						
In case Parc	ents are separated, custody of the Mother	e child is wi	th (Please tic	k√ifappl	icable)		
Copy of Co	ourt Order / Death Certificate to	be attached	, if applicable	;			
Third lang	anguage (I to VIII) Kannac guage (I to VIII) Hindi e Selection (IX & X) : Second		e Kar	ınada 🖳	Hindi		
Academic School las	Record t attended		. Board of	the Schoo	l last attended		/
	District:				Cour	itry	
the state of the s	viously studied in	Manager Will J. W. C. Co.		of years in	the previous S	chool	
	or withdrawal						
Details of	previous schooling & grades	or marks	obtained in I	ast exam			
Year From-to	School Name and Address	English	Kannada	Hindi	Mathematics	EVS/ Science	Social Science
	e and the major of the	*			120		
-	h	" pyl					
	es formally studied - First				Thir		
Sports, Ga	ames and Activities involved in _ ccomplishments			,.		4	तिकार संस्थिति । सम्मान
Submitte	d transfer Certificate (Please tick	Yes	No	₩			- 2 made **
	T.C. NoDate of issue:				/ ·.		
	And the second of the second o		School DIS	E Code_			Part and
			Student Enr	ollment N	umber		art seed of
			2	,	5 m m	4	

Name of Student	- •		Grade	
Blood Group Weight	Kgs.		Height Cms.	
Name of the Parent	-		5	-
Address		•	1 - (1 - + <sub>k</sub> )	35- 11
<b>]</b>			1 *	
Phone/Mobile				
{ Neighbour / Friend / Relative to be car	lled in an e	merge	ncy to reach Parents (Name)	
Phone / Mobile				
Physician to be called in an emergency	(Name)			
Address				
Phone/Mobile		1 -	li e e	
Has your child ever had any of the fo	ollowing i	llness	if so, when?	
Name	Yes/No	Date	Name	Yes/N
Chickenpox			Epilepsy	1 33.2
Measles			Tuberculosis	
German Measles			Whooping Cough	
Mumps	A CARGO	Ela.	Ear Condition	
Diptheria			Operation (Name)	2 5
Rheumatic Fever			Asthma	
Heart Disease			Allergies	
Poliomyelitis			Serious injury (Name)	
Diabetes Mellitus			Others	
Has your child had any of the follow				
Name	Yes/No	Date	Name	Yes/N
BCG Vaccination			Tetanus  Honotitio A. P. D.	,
Polio			Hepatitis A & B	
MMR			Whooping Cough Others	Conga
Mumps			Outers	l _

## Sibling Details (to be filled in if applicable)

	Sil	oling 1	Sibling 2	
Name & Gender				
School & Grade Studyi	ng in			
Date of Birth				
case parent is School	Alumni (Please tick ✓ if a	nnlicable)		
***	Yes	упсаносу		
-1 - 10 m				
choor starr	Yes			
Check list for parents				
1.4 Passport size Pho	Nonembe [	7 6 0-11	D . C	
2. Birth Certificate in			Performance Report	H
	tificate (if applicable)		Passport (Foreign Nationals) `Aadhar Card	$\vdash$
4. Transfer Cenificate		7. Сору от	Addiai Card	
	L		11 2	
	1	DECLARATION		
Date:	Father (Sign)	Mother (Sign)	) Guardian (	Sign)
2001 7 3				
		For Office Use		
Fee Receipt No:		- Activity		
Principal's Remarks: C	orrect entries from the Adr	nission forms to Admis	ssion and withdrawal Register hav	h.aan mad
on page No				e neen ma
on page 140	on Dated			e been mad
	on Dated			e been mac
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