

# PODAR EDUCATION NETWORK





REGISTRATION NO. \_\_\_\_\_

ADM. FILE NO. \_\_\_\_\_

T.C. FILE NO. \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_

## APPLICATION FORM

Note : Please fill all the details in BLOCK letters only  
To, The Principal,

\_\_\_\_\_ seek admission for my child in

School Location : \_\_\_\_\_ Class : \_\_\_\_\_

Curriculum : CBSE\* ICSE\* (Please circle)

\*Please note that for schools yet to be affiliated, affiliation to CBSE/ICSE will be done in due course as per the respective boards Guidelines.

### STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth : \_\_\_\_\_  
Day / Month / Year

Gender : \_\_\_\_\_ Religion : \_\_\_\_\_ Nationality : \_\_\_\_\_

Caste Category: ST SC OBC OTHERS \_\_\_\_\_

Latest Passport  
Size Colour  
Photograph of  
The Student

Address For Communication : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

### EMERGENCY CONTACT

Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Contact number in case of emergency : \_\_\_\_\_

Address for emergency contact : \_\_\_\_\_

# HEALTH INFORMATION :

Please provide any information concerning the Applicant's health, which the school should know about:

## PARENT DETAILS

## FATHER

## MOTHER

Name in Full :

Date of Birth :

Qualification :

Mother Tongue :

Designation :

Office Address :

Telephone (Resi) :

Telephone (Office) :

Mobile Number :

Email ID :

## PLEASE FILL IN THE FOLLOWING :

Name of the last school attended	Location	Class Completed	Years attended	Language of Instruction	Curriculum

## DOCUMENTS TO BE SUBMITTED :

- 1) Photocopy of Birth Certificate
- 2) School Leaving Certificate (Original)
- 3) Report Card (Original/Photocopy)
- 4) 3 Colour Passport size photographs
- 5) Aadhar Card Copy

I shall abide by all the rules and regulations of the school already in existence or those that may be implemented in the future.  
Kindly note enrollment once paid will be strictly non-refundable

Date

Signature of the Parent