# Indira Education Trust (R.), Kotturu. INDU SCHOO Affiliated to CRSE New Polls, Affiliation Number

Affiliated to CBSE New Delhi. Affiliation Number: 830789.

Chiribi Road, Kotturu, Vijayanagara District, Karnataka - 583134.

Email - induschool830789@gmail.com

Web site - www.inducbseschool.com

APPLICATION FORM									
FOR OFFICE USE ONLY									
Application No :	Date :								
ADMISSION SOUGHT FO	R THE GRADE :								

#### **INSTRUCTIONS:**

- Please fill the application form neatly and legibly
- Furnish the details in block letters using a black/blue ball point pen only
- Authorized person/s should fill the application form (Either the parent/guardian)
- ◆ Attach all the necessary documents as required

#### I) Details of the Pupil:

SI No	Particulars		Details
1	Name of the Pupil (Complete name as per the previous TC/Birth Certificate)		
2	Gender	Boy/Girl	
3	Date of Birth (dd/mm/yyyy format only) And in words		
4	Place of Birth		
5	Taluku		
6	District		
7	State		
8	Country		
9	Mother tongue		
10	Any other language/s spoken		
11	No. Of Siblings		

II) Details of the Parents :										
SI No	Member	Qualification	Occupation	Annual Income						
Mother										
Father										
Guardian (if any)										

## III) General details:

Nationality	Mother:	Father:
Of	Pupil:	Guardian :
Deligion of	Mother:	Father:
Religion of	Pupil:	Guardian :
	Mother:	Father:
Caste and sub	Sub caste :	Sub caste :
caste of	Pupil:	
	Sub caste :	

#### IV) Details of AADHAR CARD:

Member	AADHAR CARD No.									
Mother										
Father										
Child										

## V) Address (Present/Permanent):

S/o or D/o or W/o Sri/Smt:	
Name of the House	Door No.
Cross	Main
Extension/Area	Place
Taluku	District
State	Country

## VI) E-Address:

Member	E-mail:
Mother	
Father	

VII) Contact details :																			
					Mok	ile No	•							W	hatsA	pp No	).		
Mother																			
Father																			
Guardian(if any)	ш																		
Landline No.																			
VIII) Pupil's pre	evious	schoo	oling	g : (Ig	nore	e if not	appl	icab	le)										
Name of the So																			
Class/Grade last studied																			
Percentage of Grade awarded																			
Medium of the	instru	ction																	
Scholarship/s a	awarde	d																	
Languages stud	died																		
(This is require	IX) Emergency Contact Details:  (This is required to contact the concerned during emergency when both parents are not available)  Name and Address:																		
Mobile No.									R	elatio	nship	with	the c	hild					
Mobile No.									R	elatio	nship	with	the c	hild					
X) Health statu	ıs of th	e Pur	pil:																
Vaccinated (if	yes fur	nish t	the o	detai	ls)														
Height (in cms)	)																		
Weight (in kgs)	)																		
Identification r	marks (	any t	:wo)																
Known for any																			
If yes, please p	rovide	deta	ils																
Is the pupil a physically challenged? If yes, Furnish the details																			
Blood group of	Blood group of the child																		
XI) Interests of the Pupil: (tick the appropriate one furnish the details)																			
Sports/Arts/M	usic/A	bacu	s/Sv	vimm	ing/	'etc													
Achievements	in thes	e fie	lds (	if app	olica	ble)													
	P.T.O																		

I hereby declare that the details fu	DECLARATION  rnished in this form are true and co	orrect to the of my knowledge, and
hence I would like to request you candidatur		•
grade in your school.		
Place:		
Date:		Signature :
	FOR OFFICE USE ONLY	
Admitted to the Grade & Academic year		
Section		
Admission No.		
Date of admission		
Fee receipt No. with Date		
Enrollment No.		
	ents to be submitted at the time of	_
Particulars Birth Certificate *	Submitted / Not submitted	Date of Submission
[For Nursery and Grade I applicants only]		
Transfer Certificate *		
Photocopy of the Marks card of the		
previous Academic year (ignore if not applicable)**		
Photocopy of the Fee paid receipt **		
Colour Passport size Photographs*		
(four) and the Record **		
Immunization Record **		
Soft copy of the colour passport size Photos of the parents ***		
	1	
Note: * Submit Original	** Submit Photocopy **	*To be sent by e-mail/WhatsApp
Date	Initial of Clerk	Signature of the Principal