

DOCTORS' PUBLIC SCHOOL CBSE

	E.mail: ad	PATTU ARANTHANGI TK, - 614616 8122327903 / 7373058813 Imissions@doctorspublicschool.org : www.doctorspublicschool.org	
	Application No:	Adm No :	
	Bill No:	Date :	
1	Name of the Applicant		
	(In full as given in the SSLC Mark Sheet/TC /Birth		
2	Date of Birth	Day Month Year	
3	Sex	Male Female	
4	Blood Group		
5	Nationality	State	
6	Religion	Caste	
7	Category	SCA SCO ST MBC BC BCM OC	_
	Mother Tongue		
8	Address for communication		
		Pin Pin	
9	Contact Number	/	
10	EMIS Number		
11	Aadhaar Number		
12	Name of the Father	Occupation	
	Qualification		
13	Mother	Occupation	
4 -	Qualification		
14	Annual Income		
15	Whether the student is living with parent or Guardian		
	(If Guardian please specify name)		
16	whether the last examination passed or not	Year	
18	Class in which admission sought for		

19	Medium of the student last studied	Tamil		E	nglish		Malay	ralam	
20 21	School Transport fecility is required Details of Marks obtained	Yes Subje	ect		Dis f attemp	stance	Mark	P	trs/KM ntage
22	Which Group desired to take in Hr.Sec.	English Maths Science Social Science TOTAL							
23	Second Language	Tamil		Malayala	ım	Ot	her		
24	If Physically chalanged please specify								
26	Personal Identification Marks	2							
I declare that the particulars given above arecorrect to the best of my knowledge and that I will abide by the rules and regulation of the school. I am aware that admission obtained in false information or by suppression of facts will be cancelled on detection at any time. Signature of the Parent / Guardian Signature of the Student									
For Office Use Only									
	Admitted In : Group :								
	Admission Rejected For :								

School Seal

Signature of the Principal