ST. SEBASTIAN'S PUBLIC SCHOOL, UDAYAMPEROOR

Affiliated to CBSE, New Delhi- Reg.No.930863



USE CAPITAL LETTERS ONLY* THESE FIELDS ARE REQUIRED

Form No.3 APPLICATION FOR ADMISSION

Recent Passport size Photograph

*Class to which admission sought:									5	Session: 20 20														
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*Name of Pupil (as per birth certificate) Attach proof																								
*Gender [Tick the option] Ma		Male	Fei				*Aadhaar Number [Attach proof]																	
(in figure		gures)				(dd/mm/yyyy)																		
*Date of Birth :	*Date of Birth : (in work				1	l			<u> </u>	<u> </u>														
*Age on date of ap	plicatio	on (Numb	er o	f yea	r an	d cc	тр	lete	moi	nths	sho	ulc	d be	give	en)			۷۵	ars	and		Λ.	lont	hc
*Place of Birth									*Blood Group						113									
*Religion				*Ca	*Caste *Category																			
	[Tick the option] SC ST OEC OBC									GI	ENERAL													
*Mother Tongue of the Pupil							nge	(Tic	ick the option) No Yes															
				PEI	RM	ANE	NT	AD	DRE	SS	OF F	PU	PIL											
*House Name								*Nationality																
*State												*District												
*Taluk												*\	Villa	age										
*Local Body (Tick the option)			Corporation Muncipality Par						h							Habitation				Rural Urban				
*Name of the Local Body			corporation wuntipality Pancha							ayath <i>(Tick the opti</i> *Block Panchayath						Kurai Orban								
*Street/ Place			*District P																					
*Post Office						*Pin code							1011	aya										
PRESENT ADDRE	ESS:- [If the pro	eser	nt ad	dre	ss i	s th	ne s	ame	e as	the					ado	dre	SS.	. Ne	ed	not	writ	e.]	
BANK DI	ETAIL	S OF TH	IE S	TUD Atta		_									s fr	om	ı cl	ass	s I st	on	war	ds]		
Name of the Bank	(
Account Number																								
IFS Code											E	3ra	anc	h N	ame)								

Contact details:-St.Sebastian's Public School, Nadakkavu P O., Udayamperoor, Ernakulam-682307 E-mail: sspsudayam@gmail.com, Phone: 0484 2793760

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Name and Address			school:-	Z 1	10.33C			
Last school affiliated is	[Tick the							
option]	CBSE	ICSE	STAT	E BOARD	Any	other please spe	ecify	
Class last attended	Trai	nsfer Certif	icate Numb	oer			Date of issue	
Result of Last Class	[Attach copy o	f theMark I	.ist]:-					
Maximum Marks		Marl	ks Obtaine	ed			% of Marks	
	l	P.A	ARENT DI	ETAILS	S			l
DETAILS			МОТН	ER			FATH	ER
Name								
Educational Qualification	on							
Residential Address								
E-mail								
Phone number [mobile]							
Occupation								
Official Address								
Annual Income								
Ration Card [Tick the op	otion]							
		APL			BPL			
Name , address and occu	pation of local	guardian ir	n case of th	e pupil	does not li	ve with	h his/her respon	sible guardian:
		DETAIL	S OF SIBLIN	NGS [IF	ANY]			
Name	E	Brother/Sis	ter	Age		Scho	ol studying in	
]	DECLARA	TION				
I hereby declare t			_					
Mother's name and Date rules of the school.	of Birth furnish	ied by me is	s correct to	the be	st of my kno	owledg	e and belief. I sh	nall abide the
rules of the school.								
Date					:	Signatu	ure of the Parent	t(s)/ Guardian
Place					Relation	with c	andidate	
TO BE FILLED IN BY THE	HEADMASTE	R/PRINCI	PAL					
Date of Admission:							Admission N	No:
Standard to which admit	ted					Sig	nature of Head	master/Principa