

Saraswathy Vidyanikethan Central School



KODAKARA, PERAMBRA P. O. , THRISSUR 680 689 Ph : 9048383804

ISO 9001:2015 Certified CBSE Affiliation No. 930179

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Photo

S.No.

ADMISSION FORM -KG

Admission No.....(To be filled by office)

CLASS to which admission sought:.....Session:.....

PERSONAL DETAILS:-

1. **Name** :

2. **Gender** : Male Female Any other

3. **D.O.B.** : Date Month Year

In words

(Attach Date of Birth Certificate issued by the Competent Authority)

4. Details of parents :-

Details	Mother	Father/Guardian
Name		
Educational Qualification		
Residential Address		
Contact Number		
Whatsapp Number		
E-mail		
Occupation		
Official Address		
Annual Income		

5. Whether the candidate is:-

(i) Single Girl Child: Yes No

(ii) Specially abled (Divyangjan): Yes No

(iii) Belonging to the EWS: Yes No

(Attach proof wherever applicable)

6. **Category:** (Attach proof) : General SC ST OBC OEC EWS

7. **Aadhar No.** (Not mandatory) (Attach proof).....

8. **Details of siblings (if any)**

Name	Brother/Sister	Age	School studying in

9. **Additional Informations**

Bus Stop required	
Medical history , if any special care if required, specify	

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father's/Guardian's name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date.....

Signature of the Parents(s)/Guardian

Place.....

Relation with candidate

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no.....on dated.....

Signature of the Manager

Signature of the Principal