

# Ramanattukara Kendra

# P.B No.8, Ramanattukara, Kozhikode District, Kerala - 673 633 Application for Registration

[Note : Fill up the data in CAPITAL letters \* Strike out particulars which are not Applicable ]

Regn. Receipt No. & Date :

 Date of Application :

1	Name of the Student (with initials at the end)						
2	Class to which admission is required						
3	Sex	Male /	Female				
4	Date of Birth						
5	Age as on 1st day of June 2023						
6	School Last attended & Medium of instruction (if applicable)						
7	Distance of house from School (Approximate - in KM)						
	Does the child have any physical disabilities ? If yes, please mention						
	Names of other children for the couple. Enter Age in bracket						
	Names of the siblings if any studying in this institution. If yes, please mention their name & class						
	Details of Parents						
	Particulars	Father	Mother				
	Name of the Parent						
12	Educational Qualification. [PG / Graduate / Sr.Sec / Class X / Any other specify ]						
13	Occupation						
14	Office / Institution of Employment						
15	Address for correspondence including Pin Code						
16	Phone Number [ Residence & Mobile ]						
17	Phone Number [ Office ]						
	Name & Address of the Guardian with Post Office and PIN code [if parents are not available ] & Relationship with the student	Relationship :					
19	Occupation of guardian :						
20	Phone No	Res Mob	:				

I am aware of the fact that the School is an Un-aided Self Financed Institution and so I shall bear the entire cost of education of my child. I am ready and willing to pay the fees whatsoever the management decide from time to time without complaint, challenge or omission because I can afford the same and I have full faith in Bhavan and its management.

1	Name of Student	
2	Class	

#### **REPORT AFTER TEST / INTERVIEW**

1	Performance		
2	Marks obtained in Admission Test		
3	Other Matters if any		
4	Recommendation		
	Principal		

### ENROLMENT DETAILS

1	Whether enrolled at Kendra Office				
2	EFA No. & Date				
3	AFD No. & Date if any				
4	DFF No. & Date if any				
5	Any other matter				
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Manager / Superintendent, Kendra Office					

## INSTRUCTION OF THE DIRECTOR

Director