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]

| Reg | n. 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 2022 | | |
| 6 | School Last attended & Medium of instruction (if applicable) | | |
| 7 | Distance of house from School (Approximate - in KM) | | |
| 8 | Does the child have any physical disabilities? If yes, please mention | | |
| 9 | Names of other children for the couple. Enter Age in bracket | | |
| 10 | Names of the siblings if any studying in this institution. If yes, please mention their name & class | | |
| | | Details of Parents | |
| | Particulars | Father | Mother |
| 11 | 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] | | |
| 18 | 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.

FOR OFFICE USE ONLY

| 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 | | | |
| | | | | |
| Manager / Superintendent,Kendra Office | | | | |

INSTRUCTION OF THE DIRECTOR

Director