S.No: Contact: 9107131999, 9107132999



## NOBLE BRAIN TREE E.M. SCHOOL

## (EDUCATION EMPOWERMENT SOCIETY)

Tatiparthi Road, Chandramampalle (Divili).

## APPLICATION FOR ADMISSION

| Admission No: Date of Admission: Admission intoC                        | 1988             |
|-------------------------------------------------------------------------|------------------|
| Admission intoC                                                         | Year 20 - 20     |
| 1. Name of the Pupil ( in Block Letters) Child ID No Child Aadhar No    |                  |
| <ul><li>2. Father's Name</li><li>Occupation</li><li>Aadhar No</li></ul> | :                |
| 3. Mother's Name Occupation Aadhar No                                   | :                |
| 4. Name of the Guardian Occupation Aadhar No                            | :                |
| 5. Date of Birth In Words                                               | :                |
| 6. Gender                                                               | : Male Female TG |
| 7. Address for Communicati                                              | on:              |
| D.No<br>Street<br>Village / Town                                        |                  |
| Mandal District State                                                   | :                |
|                                                                         |                  |

| 8. Nationality                                       | : Religion :                                                                                                   |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 9. Mother Tongue                                     | : Blood Group :                                                                                                |
| 10. Caste                                            | : OC BC SC ST Sub Caste :                                                                                      |
| 11. Name of the previ                                | lous school :                                                                                                  |
| 12. Certificates Subm                                | itted:                                                                                                         |
| 1. Transfer Cert / Record Sh                         |                                                                                                                |
| 13. Class joined in the                              | is school: Medium:                                                                                             |
| 14. First Language op                                | oted: Second Language opted:                                                                                   |
| 15. Identification Man                               | rks: 1                                                                                                         |
|                                                      | 2                                                                                                              |
| 16. Mode of Transpor                                 |                                                                                                                |
| 17. Tution Fee                                       | : Transport Fee :                                                                                              |
| I here declare the correct to the best of a Station: | RATION BY PARENTS / GUARDIAN at the information given above and overleaf are true and my knowledge and belief. |
| Date :                                               | Signature of the Parent / Guardian                                                                             |
|                                                      | TE OF BIRTH DECLARATION                                                                                        |
| I                                                    | Parents ofhere by declare                                                                                      |
| or demand for any alt                                | furnished in this application is correct and I shall not claim eration in date of birth in future.             |
| Station:                                             |                                                                                                                |
| Date :                                               | Signature of the Parent / Guardian                                                                             |
|                                                      | FOR OFFICE USE                                                                                                 |
| Admission into class                                 | : Date :                                                                                                       |
|                                                      |                                                                                                                |

Signature of the Principal /Director