

Admission



CHARITABLE TRUST

CHARING FOR CHILDREN WITH CHALLENGES

Puthiya Road Opposite Agasthya Ashram, Kureekad, Ernakulam - 682305
Ph No: 8606129988, E-mail: adarshrehab@yahoo.com, Web: www.adarshrehab.org

APPLICATION FOR ADMISSION

To.

The Secretary
Adarsh Charitable Trust
Kureekad

Admission No.

Sir,

I, MADHURI N.K. Father/mother of ATHMIK S. KRISHNA request you to admit my child for evaluation and therapeutic intervention at your centre.

Name	: <u>ATHMIK S. KRISHNA</u>	
Age & Date of Birth	: <u>9 yrs old 29-12-2015</u>	
Sex	: <u>MALE</u>	
Aadhar Number	: <u>5495 1205 8251</u>	
Name of the Parent/Gurdian	: <u>SREENATH KRISHNAN</u>	
Name of the Mother	: <u>MADHURI N.K.</u>	
Religion	: <u>HINDU</u>	Caste: <u>PULAYAN</u>
Panchayat	: <u>KEEBHIMAD</u>	
Permanent Address	: <u>KOZHLYALA (H) SRA. 545 VAZHAKULAM GRUMATHALA P.O ALUVA, 683112</u>	Present Address <u>APARTMENT-8 SANTHINAGAR UDAYAMPEROOR KANDANAD P.O KUREEKAD. 682305</u>
Email Id		
Phone Number Resi:	: <u>madhuringk1295@gmail.com</u> <u>1037378828. 7092849507</u>	
Occupation of Parent/Guardian	: <u>GRADUATION</u>	
Brief details of the child's Problem:	: <u>CEREBRAL PALSY</u>	
Annual income of parent	: <u>60000/-</u>	Signature of the Parent/Guardian <u>M. N. K.</u>

For Office Use Only

Referred To	:
Rehabilitation Charge	:
Administration Charge	:
PTA Contribution	:
Transportation Charge	:
Submitted on	:

Principal
Secretary