



AMBALAPADY ENGLISH MEDIUM SCHOOL

[A unit of Ambalapadi Samaja Shikshana Samsthe (Reg.)]

AMBALAPADY, UDUPI - 576103.

REGISTRATION FORM

Reg. No. _____

Photograph

Registration for the year _____ in Standard _____

1. Name of the pupil in full (block letters) _____

2. Sex: Male Female

3. Blood Group: _____

4 Date Of Birth: (Attach a photocopy of Birth Certificate)

5. Nationality _____ Religion _____ Caste _____

6. Mother tongue _____

7. First Language _____ Second Language _____ Third Language _____

8. School last attended _____

9. Class last attended: Nursery Jr. KG Sr. KG

10. Aadhar No.: _____

PARENTS' DETAILS

11. Name of Father _____ Qualification _____

Occupation _____

12. Name of Mother _____ Qualification _____

Occupation _____

13. Parent's address _____

Telephone STD CODDE Cell

14. Office Address _____

Telephone STD CODDE Cell

15. Name & address of local Guardian if any _____

Telephone STD CODDE Cell

I certify that the above particulars are true, I have read the rules and regulations of the school and agree abide by them I understand that the registration is no guarantee of admission to the school and registration fee is neither refundable not transferable.

Date

Signature of Parent/ Guardian