



Aishwarya Educational and Charitable Trust (R)

Aishwarya International Public School

(Affiliated to CBSE, Delhi. Affiliation No. 830521)

Bangalore - Mysore Road, Near H.K.V. Nagar, Maddur - 571 428.

Phone : 08232-213499 Mob : 9342524466

Email : aips.maddur@gmail.com Web : www.aipsmaddur.com

PASSPORT SIZE
PHOTOGRAPH

APPLICATION FORM

Student Admission No.:

APPLICATION No. :

Admission Date :

Admission Sought for Class :

1. NAME OF THE APPLICANT : _____
(in Block letters)
2. Father's/Guardian's Name (Relationship) : _____
(in Block letters)
3. Date of Birth : _____ Age: _____ Years
4. Sex : Male Female

STUDENT INFORMATION

1. First Name : _____
2. Middle Name : _____
3. Last Name : _____
4. Place of Birth : _____
5. Mother Tongue : _____
6. Nationality : _____ Religion : _____ Caste : _____
7. Correspondence Address : _____

PIN
(Please do mention the PIN code)
8. Permanent Address : _____

PIN
(Please do mention the PIN code)
9. Communication Numbers : (O) _____ (R) _____
(M) _____ Email _____

FAMILY INFORMATION

1. Name of the Father : _____
2. Name of the Mother : _____
3. Occupation of the Father : _____ Qualification : _____
4. Occupation of the Mother : _____ Qualification : _____
5. Annual Income of the Father / Mother : _____
6. No. of Siblings : _____

Name	Age	Class	School

P.T.O.

ACADEMIC INFORMATION

- 1. Class Currently Studying in : _____
- 2. Class Seeking Admission to : _____
- 3. Name of the Previous School Attended : _____
- 4. Medium of Instruction : _____
- 5. Syllabus Followed : _____
- 1st Language Opted (previous Year) : _____
- 2nd Language Opted (previous Year) : _____

CO-CURRICULAR INFORMATION

- 1. Hobbies : _____
- 2. Interest : _____
- 3. Sports : _____
- 4. Participation in Inter-school / District Level / State Level / National Level Competitions _____
- 5. Awards Received : _____

HEALTH INFORMATION

- 1. Blood Group : _____ Height : _____ Weight : _____
- 2. Health Concerns if any (Vision, Hearing, Speech, Physical) : _____

- 3. History of communicable Diseases if any (Chicken Pox, etc.) : _____
- 4. Allergies if any : _____

- 5. Identification Marks : _____

IN CASE OF ANY EMERGENCY PLEASE CONTACT

- 1. Name : _____
 - 2. Address : _____

- PIN
- (Please do mention the PIN code)
- (O) _____ (R) _____
- (M) _____ Email _____

PARENT DECLARATION

The above information given by me is true to the best of my knowledge. If found incorrect I agree to abide by the decision of the school regarding my ward.

Date : _____
Place : _____

Signature of the Parent

