

## YUVA PUBLIC SCHOOL

AFFILIATED TO CBSE (New Delhi) Affiliation Number: 1930975

3/71-1, Naickenpalayam (Po), Periyanaickenpalayam

Coimbatore - 641020

Email id: <a href="mailto:yuvapublicschool@gmail.com">yuvapublicschool@gmail.com</a>



99435 02000, 99436 02000

	ADMI:	SSION FOR	. <b>M</b>	
	No. : <b>be filled by office.</b>	Date :		*Affix recently taken photo with Student Name and DOB.*
Ad	mission No			
CL	ASS to which admission sought:	Ses	sion :	
PE	RSONAL DETAILS:-			
1.	Name :			
2.	Gender: Male	Female	Any other	
3.	D.O.B. : Date	Month	Year	
	In words			
	(Attach Date of Birth Certificate issue	ed by the Competent	t Authority)	
4.	Mother Tongue:			
5.	Nationality:			
6.	a) Religion:	b) Caste :		
7.	Category: (Attach proof): Gener	ral SC SC	ST OBC	EWS L
8. 9.	Blood Group :			
	(i) Single Girl Child:	Yes		No
	(ii) Specially abled (Divyangjan):	Yes		No
	(iii) Belonging to the EWS:	Yes		No
	(Attach proof wherever applicable)			
10	Aadhar No. (Not mandatory) (Att	ach proof)		

2. Class Last attend	ded			
3. Last School affilia				
		(ii) ISCE	(iii) IB	
(i)CBSE	Poord (			
(iv) State 4. Result of last class		y) Any other (ple	ase specify	
Subject	Maximum Marks	Marks obtained	% of Marks	Remarks
		11117		
			,	
. Transfer Certificate	e Details* :-		<u> </u>	
	cate No :			
Transfer Certifi  Date of Issue  Details of siblings	cate No : :(if any)			
Transfer Certifi  Date of Issue	cate No :			
Transfer Certifi  Date of Issue  Details of siblings	cate No : :(if any)			
Transfer Certifi  Date of Issue  Details of siblings	cate No : :(if any)			
Transfer Certifi  Date of Issue  Details of siblings  Name	cate No :(if any)  Brother/Sist			
Transfer Certifi  Date of Issue  Details of siblings  Name  7. Personal Identifica	cate No :(if any)  Brother/Sist	er Age	School studyir	ng in

## 19. Medical History (if any) Attach Medical Certificate:

20. Details of parents :-

	Details	Mother	Father/Guardian		
	Name:				
	Educational Qualification:				
	Residential Address:				
	E-mail:				
	Occupation:	H A			
	Official Address:				
	Annual Income:				
	Contact Number: (Also tick the number to which messages have to be communicated)				
	Affix a passport size photo of mother & father				
Gua		e and Date of Birth furnished	ne of the Candidate, Father's/ by me is correct to the best of		
Date:		Signature of the	Signature of the Parent(s)/Guardian		
Pla	ce:	Relation with	Relation with candidate		
	rect entries from the Admission ge noon dated		awal Register have beenmade on		

**Signature of the Principal** 

## **ENCLOSURE & CHECK LIST:**

0	Birth certificate –Photo copy	
0	Original Transfer Certificate	
0	2 copies of passport size photographs of child with child name and DOB printed.	
0	Passport size photograph of parents (1copy each)	
0	Aadhar(child) - Photo copy	
0	Community certificate - Photo copy	
0	Previous class progress card/Performance report- Photo copy.	

## **DETAILS OF TERM FEE PAYABLE:**

Term I: March

Term II: August

Term III: December