IDHAZH NATIONAL PUBLIC SCHOOL
CBSE Affiliation No: 1931466
S.F. 622/2B, Pudhupalayam, Deenampalayam (Post)
Thondamuthur (Via), Coimbatore - 641109
Mobile: 9943491321
www.idhazhschool.com

Paste Pupil's Recent Passport size Photograph

Student Registration Form: Year _____ - _____

OFFICE USE ONLY

Date of Admission: DD / MM / YYYY SRN: [___]-[_____]-[___] Class: _____ Sec: _____

Fee Receipt No.: _____ Payment Date: DD / MM / YYYY

Remarks:

APPLICATION NO [____]-[_____]-[____] **CLASS Applied for** [_____]

Please fill in **CAPITAL** letters. (Note: **Incomplete forms will be summarily rejected)**

1. Name of the Pupil: _____
2. Sex: M [_] or F[_]
3. Date of Birth (DD/MM/YYYY): DD / MM / YYYY 4. Blood Group: _____
4. Aadhar Number: [___][___][___][___] [___][___][___][___] [___][___][___][___]
5. Nationality: _____ (Provide relevant document for NRE / NRI)
6. Mother Tongue: _____
7. Religion: _____ 8. Caste: _____
9. Indicate category: BC [_] / OBC [_] / MBC [_] / SC [_] / ST [_] / OTHERS [_]
10. Personal marks of identification:
    a)_____ b)_____
11. Residential address in full:
    Door No: _____ Street Name: _____
    Village / City Name: _____
    Landmark: _____
    District: _____
    PIN: [___][___][___][___][___][___]
    Primary Contact No. [___][___][___][___][___][___][___][___][___][___]
    Secondary Contact No. [___][___][___][___][___][___][___][___][___][___]
12. Mode of transport to commute to school: School Vehicle [_] / Own / Private Vehicle [_]
13. Does the pupil have any major ailment / allergy: YES [_] NO[_] If Yes, specify _____
14. Is the pupil physically challenged?: YES [_] NO[_] If Yes, specify _____
15. Any siblings already studying in Idhazh school? If so, specify SRN: [___]-[_____]-[___]
16. Have you applied for any sibling in Idhazh school?, If so specify Appln No: [___]-[_____]-[___]

17. Father's Name: _____

Educational Qualification: _____

Occupation: _____

PAN No: [___][___][___][___][___][___][___][___][___][___]

Company Name: _____Designation: _____

Company Address: _____

_____

Mobile:[___][___][___][___][___][___][___][___][___][___] EmailID:_____

18. Mother's Name: _____

Educational Qualification: _____

Occupation: _____

PAN No: [___][___][___][___][___][___][___][___][___][___]

Company Name: _____Designation: _____

Company Address: _____

_____

Mobile:[___][___][___][___][___][___][___][___][___][___] EmailID:_____

19. Annual Income a) Father: Rs._____ b) Mother: Rs. _____

20. Mandatory documents to be attached:

• Copy of Birth Certificate

• Aadhar Copy of the Pupil

• Address proof – Copy of any one of the following

(Ration Card, Gas Bill, Voter ID, Aadhaar Card, Passport and Landline Telephone Bill)

• Pay order / DD in favor of IDHAZH NATIONAL PUBLIC SCHOOL, payable at Coimbatore for Rs. 350/-

• For sending the application by post / courier, the above DD / Pay order to be enclosed for processing.

• Community Certificate in the name of the child for Scheduled Caste, Scheduled Tribes or Backward Communities

(Community certificate of the mother or father to be submitted if the child's certificate is not available)

- **Passport size photo: 5 Nos of Candidate, 1 No of Parents / Guardian**

DECLARATION

I, the Parent (Father/Mother) of _____ seeking his/her admission in the school, solemnly declare that the information furnished above is absolutely true and that if found factually wrong at any time after the admission during his/her stay in the school, I shall abide by the decision of the school authorities without any plea or protest. I also agree to abide by the rules and regulations of the school in all aspects.

_____ _____ _____

Name of the Parent (Capitals) Signature of the Parent Date (DD/MM/YYYY)

_____