



# PODAR WORLD SCHOOL

## APPLICATION FOR ADMISSION

Form no. \_\_\_\_\_

FOR OFFICE USE	
Register No.	<input type="text"/>
Adm. File No.	<input type="text"/>
T. C. File no.	<input type="text"/>
Date of Admission	<input type="text"/>

Latest Passport  
size colour  
Photograph of  
Student

To,  
The Principal,  
Podar World School

I \_\_\_\_\_ seek admission for my ward in:

School location \_\_\_\_\_ Class: \_\_\_\_\_

Curriculum:            ICSE,            CBSE,            CAMBRIDGE,            PRIMARY PLUS  
(Please circle)

### STUDENT INFORMATION :

Name: \_\_\_\_\_ (FIRST)            \_\_\_\_\_ (SECOND)            \_\_\_\_\_ (LAST)

Age: \_\_\_\_\_ Date of Birth (dd / mm / yyyy): \_\_\_\_\_

Place f Birth: \_\_\_\_\_ Gender: M / F \_\_\_\_\_ Religion (Optional) \_\_\_\_\_

Caste: ST \_\_\_\_\_ SC \_\_\_\_\_ OBC \_\_\_\_\_ OTHERS \_\_\_\_\_

Address for Communication: \_\_\_\_\_  
\_\_\_\_\_

Tel no. (Mobile) \_\_\_\_\_ (Resi.) \_\_\_\_\_ (office) \_\_\_\_\_

Emergency Contact : Name of Contact and Relationship : \_\_\_\_\_

Contact number in case of emergency: \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_

## HEALTH INFORMATION

Please provide any information concerning the Applicant's health, which the school should know about

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## INFORMATION OF PARENTS

I certify that the information provided by me is true & I shall abide by all the rules & regulations of the school already in existence or that may be implemented in the future.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent

**FATHER**

**MOTHER**

Name on Full : \_\_\_\_\_

\_\_\_\_\_

Age : \_\_\_\_\_

\_\_\_\_\_

Qualification : \_\_\_\_\_

\_\_\_\_\_

Mother Tongue : \_\_\_\_\_

\_\_\_\_\_

Designation : \_\_\_\_\_

\_\_\_\_\_

Office Address : \_\_\_\_\_

\_\_\_\_\_

Tel. No. (Resi.) : \_\_\_\_\_

\_\_\_\_\_

Tel. No. (Office) : \_\_\_\_\_

\_\_\_\_\_

Mobile : \_\_\_\_\_

\_\_\_\_\_

E-mail : \_\_\_\_\_

\_\_\_\_\_

### PLEASE FILL IN THE FOLLOWING:

Name of the School last attended	Location	Class Completed	Years attended	Language of Instruction	% of Marks / Grade

Documents to be submitted:

1. Xerox copy of Birth Certificate
2. School Leaving Certificate (Original)
3. Report Card (Original)
4. 3 Colour passport size photographs
5. Certificate from a General Practitioner certifying the child's general health