



IDEAL PUBLIC SCHOOL

SENIOR SECONDARY

CBSE Affiliation No. 930528

KADALUNDI NAGARAM Ph: 0494 2471170

1. Name of the pupil :
(In block letters)
2. Father's /Guardian's Name :
And full address
3. Contact telephone No. : Office:.....Res.....
4. Date of birth of pupil
(in words)
5. Caste &Religion :
6. Medium of Instruction :
7. Class to which admission is sought :
8. Class & school in which the ward :
is studying at present

I declare that all the above statement are true and correct to the best of my knowledge and belief.

Place:

Signature of Parent/Guardian

Date:

(For Office use only)

Date:

Reg. No:

Date of Test/Interview

Principal