



Leads the way

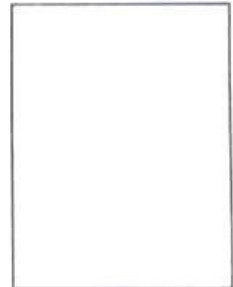
# DHEERAN ACADEMY (CBSE)

Near NH-17, Salem Main Road, Kaligoundampalayam, Sankari- 637103 Salem Dt.  
E-mail: dheeran962014@gmail.com Mob : 95780 55025, 94874 61007

Application No. \_\_\_\_\_

## ADMISSION APPLICATION FORM

### I. STUDENT INFORMATION



1. Name of the Pupil : .....
2. Gender :      Male      Female
3. Date of Birth :
4. Place of Birth : .....
5. Nationality : .....
6. Religion : .....
7. Caste : .....
8. Mother Tongue : .....
9. Sports : .....
10. Identification Mark : .....
- .....

### II. FAMILY INFORMATION

11. Name of the Father : .....
12. Father's Educational Qualification : .....
13. Father's Occupation : .....
14. Father's Mobile No : .....
15. Fathers E-mail ID : .....
16. Name of the Mother : .....
17. Mother's Educational Qualification : .....
18. Mother's Occupation : .....
19. Mother's Mobile No : .....
20. Mother's E-mail ID : .....
21. Yearly income of Father & Mother (Total) : .....

22. Residential Address : .....
23. Name of the Guardian : .....
24. Guardian's Educational Qualifications : .....
25. Guardian's Occupation : .....
26. Guardian's Mobile No. : .....
27. Guardian's E-mail ID : .....
28. Guardian's Address : .....

### III. DETAILS OF SIBLINGS

S.No.	Name	Age	Std	School Studying in

### IV. PREVIOUS EDUCATION

S.No.	Name of the institution	Std	Year of Completion	Medium

29. Medium of Instruction : .....
30. Second Language : .....
31. Third Language : .....
32. Achievement if any : .....

### V. DECLARATION

I..... Parent/Guardian hereby declare that the details furnished above are correct and I shall abide by the rules of the school.

Date :

Place :

Parent / Guardian Signature

#### FOR OFFICE USE ONLY

Admn No : has been admitted in class :

Admn Date :

Admission Officer

Joint-Secretary

Principal