P	hot	oar	ar	h
•	1100	9	4	

Admission No.					 ,	,			٠	 		,	٠			 ,	
Date		,		,													

APPLICATION FORM FOR ADMISSION (COAST GUARD PUBLIC SCHOOL, CAMPBELL BAY)

Name of the Student	:
Male / Female	1
Date of Birth (Attach proof)	
(a) In numeral	:
(b) In words	:
Blood Group	t
Aadhar No.	:
Class in which admission required	:
Father's Name & Occupation	:
Mother's Name & Occupation	·
Nationality	:
Religion	:
Whether belong to SC/ST/OBC	:
Annual Income (in Rupees)	:
Local Address with phone number	:
Bank Account No.	:
	Male / Female Date of Birth (Attach proof) (a) In numeral (b) In words Blood Group Aadhar No. Class in which admission required Father's Name & Occupation Mother's Name & Occupation Nationality Religion Whether belong to SC/ST/OBC Annual Income (in Rupees) Local Address with phone number

I hereby certify that the information mentioned above are true.

Signature of the Parents / Guardian

School Seal

Note: Certificate required for new admission:

(i) TC issued by previous school

(ii) Birth Certificate

(iii) Progress report of previous school

- (iv) 01 passport size & 01 Stamp size latest photographs
- (v) Copy of Aadhar Card.