

SHANTHAL JYOTHI PUBLIC SCHOOL, MUTTOM



Photo

APPLICATION FORM

Name of Applicant

Sex Male Female

Date of birth

Mother Tongue

Religion

Caste

Category GEN OBC SC/ST

Email

Phone

Name of Father

Occupation

Educational Qualification

Name of Mother

Occupation

Educational Qualification

Address for
Communication

If no, Address of the
Local Guardian

Class to which admission is sought

Name and Address of the School
last attended and the year of study

Whether any close relatives of the pupil is a student/ ex-student of this school

Yes

No

Name

Class

Relationship

If an ex-student, Name

Class

Place

Date

Signature of the Parent

Contact person: Mrs. Regi (PRO) , No: 9747832671