



VASISHTA SCHOOL (ICSE)

MADANAPALLE-517325

email id : vasishtaicse@gmail.com www.vasishtaschools.com

Application for Registration : 2015 - 2016

Sl.No:

1. Name of the Student

Sur name	Name

2. Date of birth & Age

Day	Month	year	Age:	Years:

3. School presently studying

Place :

Affiliated to

State	I.C.S.E	C.B.S.E

a) Class

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b) Medium

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c) Now admission sought to class

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4. Father's Name

Sur name	Name

[a] Qualification

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[b] Occupation & Annual Income

Rs.

5. Mother's Name

Sur name	Name

Qualification

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6. E-mail id of Parent

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7. Aadhaar Card No.

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8. Address for communication

D.No :
Street :
Town :
State :
Phone : Off: Res.:
Cell No.:

9. Religion and Caste

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10. Name of the Brother/Sister who studied in this school previously

Name :	Year

Signature of the Parent /Guardian

For Office Use Only

S.No : Receipt No : Date : Admitted: Yes No

Principal