A CONTRACTOR	С+ Ма	ary's Residen <sup>.</sup>	tial Public	School
		Paliakara, Thiruvalla Ph : 0469 – 2600710 ISTRATION FORI	– 689 101 ), 2605739	SCHOOL
Serial No.: (to be assigned by the Scho Name of Pupil (in cap		· .	F	Affix OR attach Passport Size Photo of the student
First Name	9	Middle Name	Las	st Name
Date of Birth*:	DD N	1M YYYY Ger	nder*: D Male	Female
Aadhar No. *:		Blood	Group*:	
Religion*:				
Community*:				
Class to which admiss	sion is soug	jht*:		
Second Language (if a	applicable) :			
Third Language (if applicable) :				
<b>Stream Opted (Only f</b> according to the <b>order</b>			mention in the che	eck box
Group A – Physics, Chem	istry, Biology,	, Informatics Practices, En	glish	Choose an item.
Group B - Physics, Chemistry, Biology, Mathematics, English Choose an item.			Choose an item.	
<b>Group C</b> – Mathematics, Physics, Chemistry, Informatics Practices, English Choose an item.			Choose an item.	
<b>Group D</b> - Accountancy, Economics, Business Studies, Informatics Practices, English Choose an item.				
<b>Group E</b> – Accountancy, Economics, Business Studies, Mathematics, English Choose an item.				

Parent's Information:			
Father's Name (in Full) *			
Father's Qualification*:			
Father's Mobile No. *:			
	(Area/Country Code)		
Father's Email ID*:			
Father's Occupation*:			
Father's Organization*:			
Father's Official Address	*:		
Mother's Name (in Full)	*:		
Mother's Qualification*:			
Mother's Mobile No. *:			
	(Area/Country Code)		
Mother's Email ID. *:			
Mother's Occupation*:			
Mother's Organization*:			
Mother's Official Addres	:s*:		
Annual Income of the Fa	amily (INR) *: ₹		
Last School attended by the Pupil *:			
Name of own brother(s)/sister(s) studied or studying in this Institution and Class			
School Hostel facility red	quired? *		
□ Yes			
Whether School bus required, if yes, mention exact boarding point*			
□ Yes	□ No		
Boarding Point (if yes)			

Permanent	Add	lress	
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# **Alternate Guardian Details**

Guardian's Name :	
Guardian's Phone No.:	
Guardian's Email ID :	

#### Instructions, please read carefully:

- 1. I/we certify that the above information provided by me/us is correct.
- 2. You are requested to fill all the relevant information in the registration form using latest version of Adobe Acrobat. All (\*) marked fields are mandatory. You may also Print and Fill, Scan and send it along with the screenshot of registration fee payment details and passport size photograph to adm.smrps@gmail.com
- 3. Registration fee of ₹ 350/- (non-refundable) may be sent to the following account.

Bank : Canara Bank (Previously Syndicate Bank)

Branch : Market Road Branch, Thiruvalla

A/c Name : St. Mary's Residential Public School

A/c No.: 41063070000428

### IFS Code : CNRB0014106

- 4. Incomplete or partially filled forms will not be accepted.
- 5. Registration is no guarantee for admission and admission is granted purely on merit basis and availability of seats.

### I the Parent/Guardian acknowledge that I have read all the terms and conditions

Y	es

Name of Parent/Guardian:	
Place:	
Date:	
	Signature

## -----FOR OFFICE USE ONLY-----

Serial No.:

Admission status :

\_\_\_\_\_

Class and Division :

Signature of Principal

\_\_\_\_\_