

ONLINE REGISTRATION FORM 2021-22

REG2020210017

STUDENT'S DETAILS

Applicant's Name: Shadhi		
Gender: Female	Date of Birth: 9 Jan 2013	
Religion: Christianity	Caste: Catholic	
Categoary: GENERAL	Mother Tongue: Malayalam	
Blood Group: AB-positive (AB+)		AFFIX PHOTO
Aadhaar Number: 55666		
Class in to which admission is so	ught: UKG	
Class in which student was study	ing at the time of leaving: LKG	
Board: STATE		
Last School's Name: Dhhhj		
Last School's Address: Fhggf,fvvb hh		

PARENT'S DETAILS			
Father's Details		Mother's De	tails
Name: Late Goutham	I	Name: Mr.	Shakunthala
Qualification: MCOM		Qualification:	
Occupation: Teacher		Occupation:	
Mobile: 08149302034	Ļ	Mobile:	
E-Mail: abccmi@gmail.	com	E-Mail:	
Aadhaar: 258633419		Aadhaar:	
Annual Income: 50000	0	Annual Incom	ne:
Residential Address:	#4522/1, Carmel Bh Shivaji Main Road N R Mohalla	avan	

SIBLINGS DETAILS

Siblings Studying in Christ Public School: Yes

Student Name		Sec
Cibin	2	A2

Name & Signature of the Parent