C.B.S.E CODE NO: 830191

THYAGARAJU CENTRAL SCHOOL



Affiliated to C.B.S.E., New Delhi #30/A, Byramangala cross, B.M. Road, Bidadi, Ramanagaram dist. Tel.: 080-27304585 / 9741414099

WEB:-tcsedu.in

E-mail: tcs_bidadi@yahoo.co.in

APPLICATION FOR ADMISSION

Recent Passport Size Photograph should be affixed

1.	Name of the pupil in full (Block Letters)	<u></u>
2.	Sex	·
3.	a) Date of Birth (in figures)	i
	b) Date of Birth (in words)	<u> </u>
4.	Place of Birth a) Village	i
	b) Town	<u></u>
	c) Taluk	<u>; </u>
	d) District	i
5.	a) Father's Name	;
	b) Mother's Name	1
6.	a) Education Level of Fatherb) Education Level of Mother	<u>i</u>
7.	a) Father's Occupation	4
	b) Mother's Occupation	·
	c) Parent's Annual Income	· · · · · · · · · · · · · · · · · · ·
	d) No of Dependents	:
8.	STUDENT ADHAR NO	

9. P	Pupil staying with parents / Guardian	:				
10. N	Vationality, Religion & Caste	;	•••••••••••••••••••••••••••••••••••••••			
11. Sc	chedule Caste / Tribe	:				
12. M	Iother Tongue	:				
13. No	o of Siblings	:	2			
	1) Brothers - Younger / Elder	(*)	•••••	= }		
	2) Sisters – Younger / Elder	·				
14. Pr	resent Address of the Pupil	î				

		Ph. No				
15. Pe	ermanent Address of the Pupil	:				
		•••••	•••••••••••••••••••••••••••••••••••••••			
		•••••				
		Ph. No	Ph. No			
16. School attended, period of stay etc.						
	Name of the School /s		Standard covered	Date of leaving		
SL.NO	Attended	,	During the year	the school		
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	н Й					
	27					
			9			

17. Whether the Pupil has produce	
Leaving Certificate from the sch	nool attended Yes / No Date:
10 1171 - 41	
18. Whether vaccinated or not	!
DECLARATION F	FROM THE PARENTS / GUARDIAN
I / We hereby certify that all th	he information provided by me / us is correct and I / We
understand that if the informat	tion is found to be incorrect orfalse the ward shall be
automatically debarred from se	election / admission process without any correspondence
in this regard.	
I / We accept the process of	admission undertaken by the school & I / We will abide
by the decision taken by the so	chool authorities.
Name:	
Name -	
Date:	
	Signature of Parent / Guardian
Place:	
DADMICI II ADG	
PARTICULARS	TO BE FILLED BY THE OFFICE
Admitted to Thyagaraju Centra	al School Standard
	Section on payment of prescribed Fee.
Date of admission	
	·
Admission No	į
Standard into which admitted	:
Fee Receipt No	:
Date :	a
Place:	
	Initials of the Clerk Signature of Principal