N.S.S. PUBLIC SCHOOL

Perunthanni, Vallakkadavu P.O., Thiruvananthapuram - 695 008

Application for Registration

Class...for 20..................................

No.

1)	Name of Pupil *(in block letters with initials at the end)*	
2)	Date of Birth & Age on date of application	
3)	Name of Father and Occupation	
4)	Phone Number	
5)	Permanent-Address	
6)	Name of Mother	
7)	Whether any brother or sister is studing in the school at present, if so, give details	
8)	Signature of Parent	
9)	Place	
10)	Date	

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