



N.S.S. PUBLIC SCHOOL

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

Application for Registration

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

No.

1) Name of Pupil (<i>in block letters with initials at the end</i>)	
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 studying in the school at present, if so, give details	
8) Signature of Parent	
9) Place	
10) Date	

For Office use only

REGISTRATION TO CLASS.....

For the year 201.....-1.....

No.

Register Number

Name of Pupil

Date of application

Date & Time of Interview

PRINCIPAL