SHIKSHKARNI CENTRAL SCHOOL
NO 236/2, M.G.KOPPAL MAIN ROAD
HEBBAL, MYSORE – 570016.

REGISTRATION FOR ADMISSION (ACADEMIC YEAR 2021-22)

1	Name of the Student (Capital Letters)	
2	Gender	Female ☐ Male ☐
3	Mother –tongue of the student	
4	Date of Birth (as in the records)	
5	Age,as on 01-06-2021	------ years ------- Months ----- days
6	Copy of the proof of age submitted	
7	Aadhaar Number (attach a copy)	
8	Class to which admission is sought	
9	Name of Father & Qualification	
10	Father's Occupation and Office Address Email ID _____ Contact # _____	
11	Name of Mother & Qualification	
12	Mother's Occupation and office Address Email ID _____ Contact # _____	
13	Residence Address:	
14	Present School & syllabus followed	

15	Do you have the student's sibling/s or relatives studying in SCS? If yes, give details.	
16	Approximate distance from your residence to Shikshkarni Central school	
17	Does the child come under 'children with special Needs' category (attach details)	

Date:_____   Parent Name:_____Signature:_____

For Office use Only:

Date of receipt   : _____

Application Number   : _____

Follow –up details   : _____

- _____
- _____
- _____