



Sri Byraveshwara Education Society (R.)
St. Meera's Public School

(Recognize by government of karnataka)
 Chikkagollarahatti Bus Stop, Magadi Road, Bangalore -560123

To,
 Head of the institute
 ST. MEERA'S PUBLIC SCHOOL
 BANGALORE- 5600123

Admision No No.
 DATE :

Name of the Pupil (in capital letters)	Boy	Girl
	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Birth	In Numbers 20/03/1996	In words twenty march ninteen ninty six
Place Of Birth		

Name of the father Alive Not Alive

Name of the Mother Alive Not Alive

Education	Father	Mother
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Occupation	Father	Mother
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Annual Income	Father	Mother
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Nationality	Indian	Religion	Caste
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Mother Toungue

Toatal Number of	Elder Brother	Elder Sister	Younger Sister	Younger Brother
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Present Address

Permanent Address

Standard to which to be admitted

Name of the last school studied

Transfer Certificate No. **Date.**

I request to admit my Son/daughter to _____ Standard _____ medium in your above said school and I clarify that all the above information true to my knowledge.

Date : _____

Place : _____ Signature of the parent/gaurdian

For Office Use

Class to which admitted :

Admision No. : **Roll No. :** **Date :**

Transport Bus No. :

Pick Up. : **Drop Point. :**

Fee Paid Rs. : **Reciept No. :** **Date :**

Signature Of The Head Of The Institution