

## The Rajas International School

Affiliated to CBSE, Affiliation No.: 1930207 New Delhi.
Ozhuginasery, Nagercoil - 629 001.

|  |   |  | OFFICE USE |            |                               |  |  |
|--|---|--|------------|------------|-------------------------------|--|--|
| This application should be                     |   |  | , I        | Reg. No. : |                               |  |  |
| registered on or before                        |   | En   |            |            |                               |  |  |
| Tick ( ) the Appopriate Box                    | Mention the Place   |  |            |            |                               |  |  |
| Indian   | State   |  |            |            |                               |  |  |
| Non - Residential Indian                       | Origin  |  |            |            |                               |  |  |
| Foreigner                                      | Country   | Country  |            |            |                               |  |  |
| INSTRUCTION: Please fill in the apple legibly. |   |  |            |            | Please type or print or write |  |  |
|  | PLICATION   | FOR  | ADMIS      | SSION      |                               |  |  |
| Name of the Pupil     (in block letters)       | ×   |  |            |            |                               |  |  |
| .2. Age and Date of Birth                      |   | The state of the s |            |            |                               |  |  |
| Place and Country of Birth                     | ·   |  |            |            |                               |  |  |
| 4. Nationality and Religion                    | Nationality:  | 1  | Religion:  |            | G :                           |  |  |
| a.) Caste:                                     | Community: OC   | OBC  | MBC        | SC ST      |                               |  |  |
| 5. Height and Weight                           | Ht. (in cms):   | Ht. (in cms): Wt. (in Kgs):  |            |            |                               |  |  |
| 6. Sex   | -   | Affix recently taken passport size photo   |            |            |                               |  |  |
| 7. Mother Tongue                               | 2   | v 1  | NRX's a    |            |                               |  |  |
| 8. Languages known                             | To Speak:   |  |            |            |                               |  |  |
| o. Danguages known                             | To Write:   |  |            |            |                               |  |  |
| FATHER   | PART  | PARTICULARS  |            |            | MOTHER                        |  |  |
| 9a.  | ■ Name  | Name   |            |            | 9b.                           |  |  |
| 10a.   | ■ Educational Qualification ▶   |  |            | 10b.       |                               |  |  |
| 11a.   | ✓ Occupation     ✓ Occupation |  |            | 11b.       |                               |  |  |
| 12a.   | ✓ Post held / Designation   |  |            | 12b.       |                               |  |  |
| 13a.   | ■ Department /  | / Employe  | r 🕨        | ► 13b.     |                               |  |  |
| 1  | (Name of the  | Co., Firm  | ., Office) |            |                               |  |  |
| 14a. ■ Languages kn                            |   |  | peak >     | 14b.       |                               |  |  |

| 15. Residential Address (If any)   | 5.17          | 16. Father's Office Address: (If any) |              | ess:                         |                | 17. Mother's Office Address: (If any) |            |   |  |
|--|---------------|---------------------------------------|--------------|------------------------------|----------------|---------------------------------------|------------|---|--|
| γ  |               |                                       |              |                              |                |                                       |            |   |  |
| Telephone:   |               | Telephone:                            |              |                              | · ×            | 2                                     | Telephone: |   |  |
| Mobile:  |               | Mobile:                               |              |                              |                | Mobile:                               |            |   |  |
| Fax:   | -             | Fax:                                  |              |                              |                | Fax:                                  |            |   |  |
| E-mail:  | 4             | E-mail:                               |              |                              |                | E-mail:                               |            |   |  |
| 18a. Class to which admission is sought                                      |               | . Medium of 180 struction             |              |                              |                | . Second 18d. Third Language          |            |   |  |
| 19a. Academic year to which  | admissio      | on in sou                             | ght          |                              | -              |                                       |            |   |  |
| 20. Record previous schoolin   | g:            |                                       |              |                              |                |                                       |            |   |  |
| 20a. School Attended   |               | Class                                 |              |                              | Place          |                                       |            |   |  |
|  |               |                                       |              |                              |                |                                       |            |   |  |
| 20b. Name of Exam Passed   | Academic Year |                                       |              | Name of the Board / Roll No. |                |                                       |            |   |  |
|  |               |                                       |              |                              |                |                                       | - E        |   |  |
| 21. List of Names of all brot  | hers and      | sisters w                             | ith their ag | 1                            | -              | 11                                    |            |   |  |
| Name   |               | Sex Age Class                         |              |                              | 5              | SCHOOL / COLLEGE                      |            |   |  |
|  |               | STUDYIN                               |              |                              | YING / STUDIED |                                       |            |   |  |
| 22a.   |               |                                       |              |                              | _              | 3                                     |            |   |  |
| 22b.   |               |                                       |              | 40.000                       |                |                                       |            |   |  |
| 22c.   |               |                                       |              |                              |                |                                       |            | 7 |  |
| -  |               | SPORTS & GAMES                        |              |                              |                | CO-CURRICULAR / EXTRA - CURRICULAR    |            |   |  |
| 23. Proficiency in Sports &  | [             | Athletics:                            |              |                              | 7              | Elocution                             |            |   |  |
| Games / Co-curricular &  | - [           | Sports:                               |              |                              |                | Quiz                                  |            |   |  |
| Extra Curricular Activiti  | es [          | Games:                                |              |                              |                | Debate                                |            |   |  |
|  |               |                                       | Drama        |                              |                |                                       |            |   |  |
| Attach relevant certifica  | tes           |                                       |              |                              |                | Dance                                 |            |   |  |
| wherever possible  | 26            |                                       |              |                              |                | Instrument Playing                    |            |   |  |
| Details on Medical History     History of Serious illnes in the past, if any |               | Student                               |              |                              |                |                                       |            |   |  |
| 2) Does the Student have any identified allergies?                           |               |                                       |              |                              |                |                                       |            |   |  |

| 3)   | Any Physical / Mental<br>Handicaps                                     | :                                    |                       |  |
|------|--|--------------------------------------|-----------------------|--|
| 4)   | Physical Defect if any   | : Visual                             | Auditory              | Orthopaedic  |
| 5)   | Has he / she been innoculated /  | : Triple                             | Antigen Polio         | BCG Cholera Small Pox  |
|      | Vaccinated   | : Typho                              | id Measles            | Yellow Fever Chicken Pox   |
|      |  | DETAILS O                            | F GUARDIAN(S)         | The second secon |
| 25.  | a. Name  | 1.                                   |                       | 2.   |
|      | b. Sex / Relationship  | = - =                                |                       |  |
|      | c. Occupation / Business   |                                      |                       |  |
|      | d. Address   |                                      |                       |  |
|      | Telephone Number(s)  | ©                                    | \$                    | ©  |
| 26.  | Name(s) of the relatives & guardian permitted by the                   | NAME                                 | OF VISITORS           | RELATIONSHIP   |
|      | parents to pick up their wards   | 1.                                   | 2                     |  |
|      | from the campus  | 2.                                   | dinner - To conserve  | The internal wars  |
| **   | No other visitors will be  | 3.                                   |                       |  |
|      | permitted to visit the student and                                     | 4.                                   |                       |  |
|      | have contact with us unless accompanied by parents                     | 5.                                   |                       | and the property of the second |
|      | 7  | 6.                                   | . '                   |  |
| 27.  | Details of Registration Fee:   | Cash                                 |                       | Demand Draft (DD)  |
|      | DD Number  | Bank                                 |                       | Date   |
| *    | I Mr. / Mrsthe information furnished above as                          |                                      |                       | ward seeking admission, certify that knowledge.  |
| **   | I agree and understand that registration fee paid, as indicated        |                                      |                       | of admission into the school and the Nor Transferable.   |
| *    | I also certify that I have carefull conditions mentioned therein are a | ly gone through the coeptable to me. | he School's Prospectu | s / Hand book and all the terms and  |
|      |  |                                      | Signature of Fathe    | r  |
|      |  |                                      |                       |  |
|      |  |                                      | (                     | Name in Black Letters)   |
| Plac | e:   |                                      | Signature of Moth     | er   |
| Date |  |                                      | Mrs                   |  |
|      |  |                                      | (                     | Name in Block Letters)   |

| N.D. 411      | -1:4:    | f   | manifed by   |  |  |  |  |  |
|---------------|----------|---|--|--|--|--|--|--|
| N.B. : All ap | 280000   | for registration must be accom-               |  |  |  |  |  |  |
|               | (i)      | A Certificate in proof of date of             | of birth   |  |  |  |  |  |
|               | (ii)     | Community Certificate                         |  |  |  |  |  |  |
|               | (iii)    | Copy of passport if NRI / Fore                | eigner.  |  |  |  |  |  |
|               | (iv)     | A Demand Draft for Rs.750/- (TRIS, Nagercoil. | (Rupees Seven Hundred Fifty Only) payale at Nagercoil in favour of   |  |  |  |  |  |
|               | (v)      | 3 copies of recent passport size              | e colour photographs of the child.   |  |  |  |  |  |
| NOTE:         |          |   |  |  |  |  |  |  |
|               | 2        | The management reserves the                   | their ward's applications for registration.  e right to add, delete or change any or all conditions / information  Hand book without prior notice. |  |  |  |  |  |
|               |          | FOR OF  | FFICE USE ONLY   |  |  |  |  |  |
| Application i | ssued on | :   | Reg. Receipt No. :   |  |  |  |  |  |
| Date of Regis | stration |   | Registration for the Academic Year :   |  |  |  |  |  |
| R             | emarks o | f the Principal                               | Date of Admission  |  |  |  |  |  |

Annual Fee Details

Receipt No.

Amount Rs.

Mode