



CMR Group of Institutions
CMR GANDHI PUBLIC SCHOOL

No. 31/1, Hadosiddapura Main Road, Chikkakannelli Village, Sarjapur Road,
Varthur Hobli, Bangalore East Taluk, Bangalore.

Ph : 8861202600 / 080 28439855. E-mail : cmrgandhischool@gmail.com

Admission Form

Date of Admission : ____ / ____ / ____ (dd / mm / yy)

Admission No. : _____

Admission Sought in : M 0 M 1 M 2 M 3

Paste
Recent
Passport
Size
Photo
of the
Child

Student Information

Name : _____ Surname : _____

Name used at Home : _____

Gender : Male Female

Date of Birth : ____ / ____ / ____ (dd / mm / yy)

Age as on 30th April 2018 : _____

Place of Birth : _____

Nationality / Religion : _____

Blood Group : _____

Language(s) spoken at home : English Hindi Kannada Others : _____

Current Residential Address : _____

Transportation

Personal transportation :

School transportation :

Photo & Details of the person who will be picking up the child from the School / Bus stop : _____

Family Information

Father's name : _____

Qualification : _____ Profession : _____

Organisation & Designation : _____

Business (If Applicable) : _____

Phone Number : _____ Mobile : _____

E-mail : _____ Annual Income : _____

Aadhar No : _____

Mother's name : _____

Qualification : _____ Profession : _____

Organisation & Designation : _____

Business (If Applicable) : _____

Phone Number : _____ Mobile : _____

E-mail : _____ Annual Income : _____

Aadhar No : _____

Details of any medical condition : _____

Details of Doctor (to be contacted in case of medical emergency) :

Name : _____

Address : _____

Phone No : _____ Mobile : _____

Declaration

I hereby declare that the information furnished in this form is true to the best of my / our knowledge.

Date : ____ / ____ / ____

Place : _____

Affix
recent
passport
size colour
photograph
of Father

Affix
recent
passport
size colour
photograph
of Mother

Signature of Father

Signature of Mother