

പള്ളിക്കൂടം

APPLICATION FOR ADMISSION – PLAY SCHOOL കളരി ‘ KALARI ’

(Please fill in CAPITAL letters)

Full name of the Pupil : _____

(As given in the Birth Certificate issued by the Panchayat /Municipality or Aadhaar issued by the Government)

Date of Birth : (in Figures) _____ (in Words) _____

Gender: _____ Religion _____ Category - OBC/SC/ST/General

Aadhaar Number of the student: _____

Please tick the preferred time slots:

Time Slots	Preferred
9.00 a.m to 12.30 p. m	
9.00 a.m to 3.00 p. m	
8.00 a.m to 2.00 p. m (For siblings of students in Pallikoodam)	

Details of Parents (As given in the Aadhaar Card):

	Mother	Father
Name :	_____	_____
Address:	_____	_____
	_____	_____
	_____	_____
Mobile No.	_____	_____
E-mail:	_____	_____
Occupation:	_____	_____
Signature:	_____	_____

Name of brothers / sisters /close relatives who have studied / are studying in the school with class/year/duration of study.

References (Optional): Please enter the names and contact numbers of two persons known to the school

1. _____

2. _____

For Office Use Only

Reg. No. _____ **Date:** _____

Admission No. _____

Pallikoodam

Managed by the Corpus Christi Educational Society, Kottayam - 686 010

Phone 0481-2578123/2572961 Email: pallikoodam@pallikoodam.org Website : pallikoodam.org

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Please enclose the ***copies*** of the following:

1. Birth Certificate of the applicant
2. Aadhaar Card of the applicant
3. Passport (If Aadhaar Card is not available)