



# CARMEL HIGH SCHOOL

Basaveshwaranagara, Bangalore 560 079.

Phone: 23227015, E-mail: carmelit1968@gmail.com www.carmelhighschool.org



<b>PRELIMINARY ADMISSION FORM TO PRE-NURSERY</b> Academic Year 20 ..... - 20 ..... <b>READ PROSPECTUS &amp; GENERAL INSTRUCTIONS FIRST BEFORE FILLING</b>		For Office use only (Do Not write here)																		
1. Name of Candidate : .....																				
2. Date of Birth (a) <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></table> Age : .....																				
(b) In Words : .....																				
3. Gender : (Tick relevant box) Boy <input type="checkbox"/> Girl <input type="checkbox"/>	3a. Mother Tongue : ..... (Language spoken at home)																			
4. Religion :	4a. Whether the parent of the Candidate is an employee of the Institution <input type="checkbox"/> Y/N If yes, name of staff : .....																			
5. Sibling studying in the school : (Own brother / sister only)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes 1. Name : 2. Class & Sec. : 3. Relationship :	5 (20)																		
6. Special needs (Physically challenged)	Yes <input type="checkbox"/> No <input type="checkbox"/>	6 (5)																		
7. Name of Father (full name) : .....																				
8. Name of Mother (full name) : .....																				
9. Name of Guardian (if applicable) : .....																				
10. Contact No. : Mobile: Father : ..... Mother : .....																				
11. <b>Locality Details</b> Residential Address : ..... <input type="text"/> Enter locality code in box (see General Instructions) Pin Code : <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px;"></table>	11 (25)																			
12. <b>Educational Qualification</b> (Tick the highest qualification only)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">POST GRADUATE</th> <th style="width: 15%;">GRADUATE OR EQUIVALENT</th> <th style="width: 15%;">SR. SECONDARY SCHOOL 10 +2 OR EQUIVALENT</th> <th style="width: 15%;">SECONDARY SCHOOL 10th OR EQUIVALENT</th> <th style="width: 15%;">BELOW</th> </tr> </thead> <tbody> <tr> <td>Father</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mother</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		POST GRADUATE	GRADUATE OR EQUIVALENT	SR. SECONDARY SCHOOL 10 +2 OR EQUIVALENT	SECONDARY SCHOOL 10th OR EQUIVALENT	BELOW	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 (10+10)
	POST GRADUATE	GRADUATE OR EQUIVALENT	SR. SECONDARY SCHOOL 10 +2 OR EQUIVALENT	SECONDARY SCHOOL 10th OR EQUIVALENT	BELOW															
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Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
13. School Alumni (Parents only) Tick appropriate box	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Yes</th> <th style="width: 50%;">Month / Year of passing</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td>a) Father :</td> <td><input type="checkbox"/></td> <td><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Mother :</td> <td><input type="checkbox"/></td> <td><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	Month / Year of passing	No	a) Father :	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>			<input type="checkbox"/>	b) Mother :	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>			<input type="checkbox"/>	13 (5+5)		
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14. Single Parent (Widow / Widower / Divorcee) Tick appropriate box	Yes <input type="checkbox"/> No <input type="checkbox"/>	14 (10)																		
15. Sports achievement / Defence Service Police Service / Ex-Serviceman	} Parents only Yes <input type="checkbox"/> No <input type="checkbox"/>	15 (10)																		

## General Instructions

1. Use only black / blue pen to fill the form
2. Do not fill anything in the last column of the form
3. Use the codes as given below for Section – 11 (Locality details)

Code	Distance Range – Locality
<b>A</b>	<b>(0 – 2 KM)</b> Water Tank, Sharada Colony, KHB Colony, Sangeguravanahalli, Rajajinagar 2nd, 3rd, 4th, 5th Block, SBI Officer's Colony, Manjunath Nagar, Mahaganapathi Nagar, Industrial Town, Shivajinagar, Bhimajyothi Nagar, Agrahara Dasarahalli, Shankar Mutt, Dr. M. C. Hospital Road, Kamalanagar, Maruthinagar, Shakthi Ganapathi Nagar, Indiranagar, Kirloskar Colony, LIC Colony, Bhovi Colony, Judges Colony.
<b>B</b>	<b>(above 2 – 5 KM)</b> Mahalakshmi Layout, Nandini Layout, Srirampuram, Vijayanagar, Laggere, Nagarabhavi Main Road, RPC Layout, Kurubarahalli, Rajajinagar 1st, 6th Block, Kamakshipalya, M C Layout, Govindarajanagar, Moodalapalya, Gayathrinagar, Gruhalakshmi Layout, Prashanthanagar, Cauverinagar, Nagpura, S V K Layout, Prakashnagar.
<b>C</b>	<b>(above 5 – 6 KM)</b> Nagarabhavi, Jyothi Nagar 2nd Stage, Chandra Layout, Yeshwanthpur, Peenya, Malleshwaram, Sunkadakatte, Okalipuram, Chickpet.
<b>D</b>	<b>(above 8 – 10 KM)</b> Kengeri, T. Dasarahalli, Vidyaranyapura.

4. A copy of Birth Certificate of candidate issued by Corporation / Municipal Office is to be attached with this Application Form.
5. Enclose self-attested copy of all supporting documents under categories claimed. **(Refer Annexure 2 of Prospectus).**
6. **All Original Documents need to be carried for verification at the time of counselling (if selected). For details please refer Prospectus.**

## DECLARATION

I / We hereby declare that the information furnished by me / us is correct and true to the best of my / our knowledge and I / We understand that if the information is found to be in-correct or fake my / our ward shall be automatically debarred from selection / admission process without any correspondence in the regard. I / We also understand that the application / registration / selection listing alone does not guarantee admission to my ward. I accept the process of admission undertaken by the school and will abide by the decision taken by the school authorities.

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Date

-----  
Father's Signature

-----  
Mother's Signature

Name :

Name :