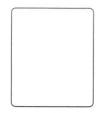


DEEKSHA HIGH SCHOOL

Survey No.49/2, Hulkasuvanahalli, Sahasradeepika Road, Off Bannerghatta Road, Sakalavara Post, Bangalore - 560 083 Phone: 080-27837111



No. 103

APPLICATION FOR ADMISSION

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	udent:		
2. Gender:	Date of Birth:	Place of Birth:	
3. Nationality:		Religion:	
4. Caste:		Mother Tongue:	
5. Father's/Guardi	ian's Name:		
Profession:		Designation:	
Employer's Name	e & Address:		
Phone : Office	Mobile: _	Email:	
6. Mother's/Guard	lian's Name:		
Profession:		Designation:	
Employer's Name	e & Address:		* a
Phone : Office	Mobile:	Email:	~
7. Local Address:			
Phone : Residen	ce		
8. Name & Place of	Previous School:		
Class attended:_		School Report Attached : Ye	s/No
9. Class applied:	,		
10. Name of the sibl	ing (If any):	School :	1
		Class & Section :	i je
11. Medical History	of student:		
a) Blood Group:			
b) Does the stud	lent suffer from any major ailment	t or handicap? Give details	
c) Can the stude	nt take part in all sports / games /	/ physical activity?	
d) Is the child all	ergic to any medicine?		
12. Extra curricular a	activities pursued by the student:		,
a) Sports :			<u> </u>
b) Fine Arts :			
		Date :	
Signature o	of Parent/Guardian	Place :	

FOR OFFICE USE ONLY								
Remarks by Principal :		5						
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Signature of the Principal		Date :						