

Aadhar No

Whatsapp No

Application Number: _____

LOTUS SCHOOL OF EXCELLENCE

(To be completed by parent / guardian. Use CAPITAL letters)

AFFIX A RECENT PASSPORT SIZE PHOTOGRAPH

(3.5 X3.5 CM)

1	T 1 \cdot 1	1 .	1 . 1	1 .	•	•	1 .
Ι.	Tick the	grade to) which	admis	sion	18	sought:
		7-22-2					2000

LKG	UKG	1 GRADE	2 GR	RADE	3 GRADE	4 (GRADE	5 GRADE
6 GARDE	7 GRADE	8 GARDE	9 G R	RADE	10 GRADE	11 (GRADE	12 GRADE
2. Tick the a	ppropriate b	ox:	1		1	'		
	Semi Resid	dential			Re	gular B	oarder	
3. Candidate	's personal d	etails:						
(F	irst name)		(Midd	le Nan	ne)		(Last Na	
) Female (<u> </u>	YYYY
5. Aadhar No	o:							
5. First Lang	uage:			N	Nationality: _			
6. Language(s) spoken at	home:						
7. Caste:]	Religio	ı			
8. Current m	ailing addres	ss: House I	No:					
		Street	:					
		Town	:					
		Dt	:		P	in code	<u>,</u>	
9. Family det	tails:							
PARTICU	LARS	FATHER /	GUAR	DIAN		N	OTHE	R
Name								
Occupation /	/							
Profession								
Office Addre	ess							
Phone Num	ber							
Email								

11. Emergency Contact	t Numl	ber:					
Father			Mo	ther	G	uardi	an
12. Declaration:							
provided is correct. I inform the school pror			_	Signature: a) Father:			
the financial responsible understand that any given by me / us will invalid and, consequen	ilities p incorr render	promptly ect info this ap	y. I / We ormation oplication	b) Mother : c) Guardian: Date:			
the financial responsible understand that any given by me / us will invalid and, consequent be cancelled.	ilities p incorr render ntly, th	ect inforthis ap e admis	y. I / We ormation oplication ssion will	c) Guardian:	Station:		
the financial responsible understand that any given by me / us will invalid and, consequent be cancelled.	ilities p incorr render atly, th	ect inforthis ap e admis	y. I / We ormation oplication ssion will	c) Guardian: Date:	Station:		
subsequent changes. I the financial responsible understand that any given by me / us will invalid and, consequent be cancelled. Documents in attachment Aadhar Card - Copy	ilities p incorr render ntly, th	ect inforthis appearance admis	y. I / We ormation oplication ssion will	c) Guardian: Date:	_Station:		
the financial responsible understand that any given by me / us will invalid and, consequents be cancelled. Documents in attachments	ilities p incorr render ntly, th ent:	ect information of this appearance of the company o	y. I / We ormation oplication ssion will FICE USI	c) Guardian: Date: E ONLY	_Station:		