



APPLICATION FORM FOR ADMISSION
(2020-21)



Name (in BLOCK LETTERS) :

shivrav sanjay

Date of Birth :

09/03/2006

Age :

14

Gender :

Male

Name of Father :

SANJAY LATE

Address :

KOODU
CHOLAM VAYAL
VATAKARA

Occupation of Father :

SPEECH THERAPIST

Name of Mother :

SINDHU G VARGESE

Occupation of Mother :

SPEECH THERAPIST

Mobile No. for Communication :

8848779020

Whatsapp No. for Communication :

8848779020

Name of School :

GOKULAM PUBLIC SCHOOL

Medium :

English

Class :

IX

Second Language :

Hindi

Stream :

CBSE

Extra-Curricular :

DECLARATION BY STUDENT

I,hereby declare that all the statements furnished above are true to the best of my knowledge and I will comply with the rules and regulations for student behaviour as

notified by the Institute from Time to time.

Signature of the Applicant

DECLARATION BY PARENT

I, The Parent / guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child/ward to Global Academy. I agree to pay the tuition and other fees payable to the Academic year from time to as per rules.

Signature of the Parent

For Office Use Only

Admission :
No.

Class and Batch Details :

Signature :
of
Admission
Coordinator

Signature of Center Head :