



UNIVERSAL HIGH SCHOOL

ENGLISH MEDIUM

(Recognised by Govt. of A.P.) Society 209/2009

Pusapadu Adda Road, VANKAYALAPADU - 523 190. Inkolli Mandal, Prakasam Dist., (A.P.)

Application for Admission into Secondary School

FOR OFFICE USE ONLY

Admission No. :

Date of Admission:

Class:

1. Name of the Student in Full	
2. Student's Mother Tongue	
3. Date of Birth (words/ figures)	
4. Nationality & State Which he/she belongs to	
5. a) Religion b) Caste	
6. As per A.P. Educational Regulations student belongs to Scheduled Caste / Tribe or Academically Backward classes? or converted? Give details	
7. Whether residing with parent or guardian? If residing with Father or Mother, Address.	
8. a) Name of the Father b) Occupation c) Full Address	
9. Name of the Mother	
10. If residing with Guardian, Address a) Name of the Guardian b) Occupation c) Full Address	
11. Name of the School, Class last studied & Whether eligible for promotion	
12. Whether Transfer Certificate or Record Sheet enclosed. If so, mentioned the No. & Date	
13. Desires to join in the Class	
14. Medium of Instruction opted	
15. Language selected for First Language a) First Part b) Second Part	

16. Language selected for Second Language

17. Whether vaccinated or having any symptoms of chicken pox?

18. Identification of Marks

1.

2.

19. History of the Student in the previous School

I declare that the above statement is true and the student has studied only in the above mentioned school, but not any other school. I hereby declare that the Date of Birth of the student

in words is true and no further changes are required.

Place :

Date :

Signature of the Parent / Guardian

Remarks of the Examiners as to

Private Study / Entrance Examination :

Name & Designation

of the Examiner and his order :

Signature of the Head Master/ Mistress

DECLARATION OF AGE

I,

Parent / Guardian of class

do solemnly and sincerely affirm / swear that the date of birth of my son / daughter is in figures

..... in words

..... and do not make any alternation in the said date of birth at any time in future.

Station :

Date :

*Signature or Thumb Impression of
Parent / Guardian*