DE PAUL EM SCHOOL

Yerravaram - 7, Kondakarla Jn., Atchutapuram- 531 033
Anakapalle, Andhra Pradesh
Mob : 9493604621, 9493604931
E-mail : depgsprincipal@gmail.com

SL.No. DPEMS :

APPLICATION FORM

USE CAPITAL LETTERS ONLY

1. **Name of the Students (as given in the birth certificate / passport) :**

   Surname :

   First Name :

   Middle Name :

2. PEN Number :

3. Student Aadhar No.

4. Date of Birth | Day | Month | Year |

5. Sex | M | F |

6. Age | Years | Months |

7. Place of Birth :

8. Nationality :

9. Religion :

10. Mother tongue :

11. Caste : | S.T. | S.C. | OBC | BCD | O.C | Gen | Others |

12. Father's Name :

13. Occupation :

14. Father's Aadhar No.

15. Mother's Name :

16. Occupation :

17. Mother's Aadhar No.

18. Panchayat :

Mandal :

19. Name of Guardian

20. Relationship with the student :

21. Admission for the Academic Year :

22. Class to which Admission is sought :

23. Class attending / Last attended :

24. Previous School : | Name | | Address |