St. Joseph's School

Kingston P.O. Rhenock, East Sikkim-737133

Phone : +9-19609938846

SCHOOL APPLICATION FORM

Candidate's Photograph

For Office Use.

P.I.N._____/___/___ Class. _____ Date of Admission: _____ House: _____

Students Details

Name (Block Letters):

Date of Birth: Blood Group : Religion :

Address:

State : District:

Country: City: Pin Code:

Second Language : Nationality:

Category : Gen ST SC OBC Non SIKKIMEES SSID

Previous School (If any) Class :

Medium of Instruction: BOARD

Brothers / Sisters studying in this school (Give Name & Class) :

Aadhar Card No:

Family Details:

Father's Name: Ex. Josephites: Y N ICSE

Qualification: Occupation:

Annual Income: Mother Tongue:

E-mail ID:

Telephone No: Telephone No.(O)

Mobile No:

Mother's Name: Ex. Josephites: Y N ICSE

Qualification: Occupation:

Annual Income: Mother Tongue:

E-mail ID:

Telephone No: Telephone No.(O)

Mobile No:

Local Guardian's Details

Local Guardian's Name:

Address:

Telephone No: Mobile No:

E-mail ID

Parents / Guardian's Signature Relation to the Candidate Date:_____

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Qualification: Occupation:

Annual Income: Mother Tongue:

E-mail ID:

Telephone No: Telephone No.(O)

Mobile No:

Local Guardian's Details

Local Guardian's Name:

Address:

Telephone No: Mobile No:

E-mail ID

Parents / Guardian's Signature

Relation to the Candidate

Date:_____