

ARAFA INSTITUTE FOR SPEECH AND HEARING FORM NO.

ARAFA NAGAR, ATTUR P.O., THRISSUR DIST., PIN: 680 592 Ph: 04884 - 274595, 274695, 274995, Fax: 04884 - 274485 E-mail: arafaschool@sancharnet.in, Website: www.arafatrust.com

Passport size Photo to be affixed

APPLICATION FOR ADMISSION

1.	Name of the Pupil (In capital letters) :								
	(In Malayalam)	:							
2.	Sex M F	M F :							
3.	Date of birth (In figures)	: dd mm yy							
	(In words)								
4.			Nationality:						
5.	Religion & Cast:	Category (SC/ST/OBC):							
6.	Details of Parents / Guardian :								
	Particulars	Father	Mother	Local Guardian (If Father is not the Guardian)					
	Name	,							
	Permanent Address								
	Occupation								
	Address for								
	Communication			•					
	Phone ·								
Г	E-mail								
7.	Identification Marks :								
8.	Details of T.C. produced.								
	Name of school	T.C. No. and	STD to which	Remarks					
L	Previously attended	Date	Admission is sought						

9. Testimonials attached:

1.

2.

3.

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3.	4.	14.51		1000	thirties in	
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5.					7-8	s sales et la sur la situation.
1. *a) Are you rel	ated to ARAFA Trust	? if yes, furnish	details wit	h signatur	е	
Name of		Status on Membership		ership	Relationship with pupil	
		Patron	Life	Trust	No. & date.	(- max 7 (- 1 h) #50 (
					-	
		Gystel				361.05
b) Details of P	rivileges :					
Recommeding		Sponsorio			Both :	Sibling :
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No. of chance	availed :					The same of
						Signatur
			DECLAR	PATIONS		Signatur
					by undertake that	t on being admitted I shall abide by th
						nool that will interfere with its order
vorking and disci		that I will do I	ounig out	or morae e	or outside the out	
·						
					(Signature of candidate	
f my son/daughter/						
			ed behavio	ur inside a	and outside the so	chool. I also undertake to pay all fee
and liabilities to th	e school as and whe	n due.				
					(Si	gnature of Parent/Guardiar
Recommendation	of the Selection Co	mmittee				
Order of the Princ	ipal					Princip
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Admitted to STD	:					
Admission No.	:					
Date of Admission						
Date of Admission			•••••			

Both

Own

Recommended

*No of Children Sponserd

Signature of section clerk