



Good Shepherd
SCHOOL

Good Shepherd Matriculation School

3/141, Enjar Cross, Sivakasi, Virudhunagar Dt,
South India, Tamil Nadu – 626124

Affiliated to CBSE, Delhi (Affiliation No. 1931209)

APPLICATION FOR ADMISSION

Sl. No. **0378**

Admission No. **385**

1. Name of the Student in full (in CAPITAL letters): **J.B. GOSHIK UDAYAN**

2. Date of Birth (in figures): Day **05** Month **08** Year **2019**
(Attach Birth Certificate copy)

In words: **Fifth August Two thousand nineteen**

Age as on 31.03.20 **23** : Year **3** Month **7** Days **26**

3. Gender: Male ☒ Female ☐ Third Gender ☐

4. Seeking Admission in Class: **LKG**

5. Second Language **English** Third Language (till Class VIII) **Hindi**

6. Religion **Hindu**

7. Aadhaar No (Attach Xerox) **6477 1437 6977** Nationality **Indian**

8. Blood Group: **O+**

9. Caste: SC ☐ ST ☐ OBC ☒ OC ☐ BC ☐
DNC

10. Details of Mother and Father



S.No.		Mother	Father
(i)	Name (in CAPITAL letters without abbreviation)	U. BHAVANTI	G. Jeyavel Murugan
(ii)	Highest Qualification	MBA	Phd
(iii)	Occupation	Teacher (Private)	Own business
(iv)	Name of the office, Full Address & Mob No.	GSS, Sivakasi	Sivakasi
(v)	Annual Income		Rs. 84,000/-
(vi)	Full Residential Address & Mob. No.	1/116A, Devankulam, S.N. Puram (Post), Sivakasi.	
(vii)	Aadhaar Number	9789 4060 2775	2266 1157 9248
(viii)	Mobile Number	7200 330517	9787431007
(ix)	E-mail id	bhavanijust@gmail.com	
(x)	Permanent Address	1/116A, Devankulam, S.N. Puram (Post), Sivakasi.	

11. Previous School Details of the Child (Submit Original copy of Report Card.)

School Name & Address	Board	Medium of Instruction	Subjects	Class	Year	Result in %

12. Transfer Certificate Details (Submit Original): TC Number..... Date of Issue.....

13. Games played or extra-curricular activities in which the child usually took part
(Mention achievement level therein)

14. Name of the siblings studying/studied in the Good Shepherd School

1) J.B. Mukunthan Std. III 2) Std.....

15. Details of Siblings

S.No.	Name of Siblings	Gender	Age	Class	School Name and Address
1	<u>J.B. Mukunthan</u>	<u>Male</u>	<u>8</u>	<u>III</u>	<u>Good Shepherd School</u>
2					

16. Student Health Certificate from registered doctors to be attached:

Mention if any pre-existing chronic illness/medical conditions: Good

Declaration of the Parent/Guardian:

- I/We certify that the information furnished in this form is true to best of my knowledge.
- DOB certificate and Aadhaar submitted are correct and no alternate will be demanded.
- I declare that the information I have given is true and understand that information and photo of my child will be filed and displayed electronically for the purpose of educational sponsorship. I understand that I can request the removal of this information at any time.

Date 02.06.2023

Place Sivakasi

U. Bhavan

Parent/Guardian Signature

FOR OFFICE USE ONLY

I certify that I have checked the admission application form and the relevant documents/papers and found it in order.

L. Managathavalli 2/6/23
Application form Checked & Received
by (Signature)

S. Mariamnel 2/6/23
Checked form Received and Verified
by (Signature)

REMARKS FROM THE PRINCIPAL

Admission Granted: Yes ☒ No ☐

Class Allotted: LKG

Remarks: Admitted

Principal Signature with Date: [Signature] 2/6/2023