



Good Shepherd  
SCHOOL

# OMGS Matric High School

No.1/599 (2), Madurai Road, Near Jebathottam, Periyarikkottai,  
Azhagapuri (PO), Kalayarkoil (Tk), Sivagangai (Dt) – 630556, Tamil Nadu

Affiliated to CBSE, Delhi (Affiliation No. 1931281)

## APPLICATION FOR ADMISSION

Sl. No. **1225**

Admission No. **1204**

1. Name of the Student in full (in CAPITAL letters): **Aaron Jeffry A**

2. Date of Birth (in figures): Day **18** Month **12** Year **2019**  
(Attach Birth Certificate copy)

In words: **Eighteen twelve two thousand Nineteen**

Age as on 31.03.20 **23** Year **3** Month **3** Days **13**

3. Gender: Male ☒ Female ☐ Third Gender ☐

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

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

6. Religion **Christian**

7. Aadhaar No (Attach Xerox) **2738 1153 1502** Nationality **Indian**

8. Blood Group: **A+ve**

9. Caste: SC ☐ ST ☐ OBC ☐ OC ☐ BC ☒

10. Details of Mother and Father



S.No.		Mother	Father
(i)	Name (in CAPITAL letters without abbreviation)	<b>SAVARIN JESY A</b>	<b>AROCKIA RAJA A</b>
(ii)	Highest Qualification	<b>M.Sc, B.Ed</b>	<b>B.A</b>
(iii)	Occupation	<b>Teacher</b>	<b>Supervisor</b>
(iv)	Name of the office, Full Address & Mob No.	<b>-</b>	<b>-</b>
(v)	Annual Income	<b>70,000</b>	<b>2,00,000</b>
(vi)	Full Residential Address & Mob. No.	<b>7413, Sornavalli nagar, Kalayar kovil, Sivaganga - 630 551</b>	
(vii)	Aadhaar Number	<b>6733 0531 2090</b>	<b>8784 6112 1143</b>
(viii)	Mobile Number	<b>9585129475</b>	<b>-</b>
(ix)	E-mail id	<b>Savarinjesy@gmail.com</b>	<b>-</b>
(x)	Permanent Address	<b>Sornavalli nagar, Kalayar kovil, Sivaganga - 630 551</b>	



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) Danya Ife .A Std. V 2) - Std. -

15. Details of Siblings

S.No.	Name of Siblings	Gender	Age	Class	School Name and Address
1	<u>Th...</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
2	<u>Y...</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

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

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

**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 20.04.2023

Place Kadaver Kovil

A. Srinivasan  
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.

A. Sy. Sh.  
Application form Checked & Received  
by (Signature)

[Signature]  
Checked form Received and Verified  
by (Signature)

REMARKS FROM THE PRINCIPAL

Admission Granted: Yes ☒ No ☐

Class Allotted: LK9

Remarks: Admitted in LK9

Principal Signature with Date: 15/4/2023