



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)	<u>SAVARIN JESY A</u>	<u>AROCKIA RAJA A</u>
(ii)	Highest Qualification	<u>M.Sc, B.Ed</u>	<u>B.A</u>
(iii)	Occupation	<u>Teacher</u>	<u>Supervisor</u>
(iv)	Name of the office, Full Address & Mob No.	-	-
(v)	Annual Income	<u>70,000</u>	<u>2,00,000</u>
(vi)	Full Residential Address & Mob. No.	<u>7413, Sornavalli nagar, Kalayar kovil, Sivaganga - 630 551</u>	
(vii)	Aadhaar Number	<u>6733 0531 2090</u>	<u>8784 6112 1143</u>
(viii)	Mobile Number	<u>9585129475</u>	<u>1606</u>
(ix)	E-mail id	<u>Savarinjesy@gmail.com</u>	
(x)	Permanent Address	<u>Sornavalli nagar, Kalayar kovil, Sivaganga - 630 551</u>	

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>	-	-	-	-
2	<u>Y...</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 ..... Kadayan Kovil .....

..... A. S... .....

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. S...  
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