

# PROVISIONAL APPLICATION FORM FOR I PU

2026-27

Please read the instructions given below carefully before filling the application:

- Please make all entries in BLOCK (UPPERCASE) LETTERS only.
- Even though your email id contains lowercase letters, you need to enter in uppercase letters in this application form to enable us to identify the letters correctly.
- This application will not be processed without the attachment of **attested** copy of marks cards of
  - (i) Class IX Annual Exam and
  - (ii) All the exams conducted in Class X till the submission of this application form.

[1] NAME OF THE STUDENT:

(as per the school record)

[2A] GENDER:

☐

MALE

☐

FEMALE

[2B] DATE OF BIRTH:

D

D

M

M

Y

Y

Y

Y

[2C] NATIONALITY:

☐

INDIAN

☐

OTHER

IF OTHER, SPECIFY: \_\_\_\_\_

[2D] AADHAAR NUMBER:

[2E] WHATSAPP NUMBER:

(For official communication)

[2F] MOTHER TONGUE:

[2G] EMAIL ID:

(For official communication)

[3A] NAME OF THE SCHOOL IN WHICH  
THE STUDENT IS CURRENTLY STUDYING:

[3B] BOARD:

☐

KARNATAKA STATE

☐

CBSE

☐

ICSE

☐

OTHER

IF OTHER, SPECIFY: \_\_\_\_\_

[3C] PLACE OF THE SCHOOL:

DISTRICT:

STATE:

[4A] RELIGION:

[4B] CASTE:

[4C] CATEGORY:

☐

GM

☐

2A

☐

2B

☐

3A

☐

3B

☐

SC

☐

ST

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CATI

[5] YOUR CHOICE OF CAMPUS:

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VALACHIL RESIDENTIAL CAMPUS

☐

KODIALBAIL CAMPUS WITH HOSTEL

☐

KODIALBAIL CAMPUS WITHOUT HOSTEL  
(only if you are a resident of Mangalore or around)

[6] YOUR CHOICE OF COMBINATION:

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PCMB B = Biology

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PCMC C = Computer Science

☐

PCMS S = Statistics (Only at Kodialbail)

☐

PCBH H = Home Science (Only at Valachil)

[7] YOUR CHOICE OF SECOND LANGUAGE:

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KANNADA

☐

HINDI

☐

SANSKRIT

☐

FRENCH

Only at Valachil

Students are advised to take up only that second language in which they have been consistently scoring well in Classes VIII, IX, and X.

[8A] PERMANENT ADDRESS:

(in BLOCK LETTERS with PIN code)

[8B] ADDRESS FOR COMMUNICATION:

(in BLOCK LETTERS with PIN code)

[9A] FATHER'S NAME:

[9B] EDUCATIONAL QUALIFICATION:

[9C] OCCUPATION:

IF BUSINESS, SPECIFY:

[9D] MOBILE NUMBER:

[9E] EMAIL ID:

[10A] MOTHER'S NAME:

[10B] EDUCATIONAL QUALIFICATION:

[10C] OCCUPATION:

IF BUSINESS, SPECIFY:

[10D] MOBILE NUMBER:

[10E] EMAIL ID:

[11A] EXTRACURRICULAR ACTIVITIES IN WHICH  
THE STUDENT IS PROFICIENT, IF ANY:

[11B] ACHIEVEMENTS IN SPORTS AT THE  
NATIONAL LEVEL AND ABOVE, IF ANY:

[12A] DOES THE STUDENT HAVE A VALID PASSPORT?

☐ YES

☐ NO

[12B] IF YES, PASSPORT NUMBER:

[12C] DATE OF EXPIRY:

[13] MEDICAL HISTORY OF THE STUDENT, IF ANY (Mention details clearly and attach relevant reports):

[A] MAJOR SURGERY DONE?

☐ YES

☐ NO

IF YES, DETAILS:

[B] ANY SEVERE DISEASES?

☐ YES

☐ NO

IF YES, DETAILS:

[C] ANY DAILY MEDICATION  
FOR DIABETES/BP/  
STRESS/ANXIETY, ETC.:

☐ YES

☐ NO

IF YES, DETAILS:

#### **UNDERTAKING BY THE PARENT**

I, as well as my ward, are fully aware of the rules and regulations of the institution, and agree to abide by them. I hereby undertake that the information given above are authentic and true to the best of my knowledge, and that my ward's admission is liable to be cancelled if any information is found to be falsified. Also, I will not claim refund of any fees paid to the institution under any circumstances.

PARENT'S SIGNATURE:

NAME:

PLACE:

DATE:

STUDENT'S SIGNATURE:

NAME:

PLACE:

DATE: