

Admn. No:

Batch :



IFER ACADEMY

Run by: CM Memorial Centre, Madavoor

Tel: 0495 2246177, Mob: 8302032256
e-mail: ifercmc.edu@gmail.com www.cmcentreonline.com



1. Name of Student (In BLOCK LETTERS) :

2. Gender : Male Female 3. Religion : Islam Others

3. Date of Birth :

4. Postal Address (In BLOCK LETTERS) :

 PIN:

5. Name & Address of Parent/Guardian (In BLOCK LETTERS) :

Ph: Mob:

6. Occupation of Parent :

7. Marks achieved in the last examination : School Name:.....
Class: Percentage*:

: Madrassa Name:.....
Class: Percentage*:

Declaration - I

I (Applicant's Name) hereby declare that the above information are correct to the best of knowledge & belief and agrees to obey the rules and regulations.

Signature of parent/guardian : _____ Signature of student: _____

Declaration - II

I (Name of Unit SSF President/Secretary) declare that the applicant (Applicant's Name) is (Office bearer) of SSF (Name of the unit, sector) and the above information are correct to the best of my knowledge.

Place : _____ Signature: _____
Date : _____ Name: _____

FOR OFFICE USE ONLY

Signature of Director:

* Attach relevant mark sheets/copy of progress report