

Gujarat Refinery English Medium School Unit of TGB

Form No:

GR No:

We Will Keep Your Dreams Alive ...
(Managed by Tirupati Foundation Trust)

Affix a recent

Refinery Township, Jawaharnagar, Vadodara-391320 : grems_tirupati@rediffmail.com : 0265-2264717 : 722808 Note : Use CAPITAL LETTERS only. Please do not leave any co	Passport Size Colour Photograph
Note: Use CAPITAL LETTERS only. Please do not leave any co	lumn blank. INTERNATIONAL SCHOOL AWARD 2019 22 COMMUNICATION CONTROL OF THE Student SCHOOL AWARD 2019 22 COMMUNICATION CONTROL OF THE STUDENT CONTROL OF THE STU
● Employee of IOCL	*Document Req.
USE CAPITAL LETTERS	S ONLY
1. STUDENT'S DATA Applied for Std. :	Sex : Male Female
Name Of The Child :	Look Norman
First Name : Middle Na	
Date Of Birth : Place Of Birth :	Blood Group :
Complete Address For Correspondences (Don't Repeat Name)	Nationality : Mother Tongue : Religion : Caste :
Aadhar Card No :	Sub Caste :
Last School Attended:	Child Presently Studying in Std.:
Age of the child as on 1 st June 20 Years:	Months: Days:
2. FATHER'S DETAILS :	
Father's Name :	
Office Address :	Education :
	Organization :
	Occupation : Business Service
E mail:	Designation :
E-mail:	Annual Income:
Aadhar Card No :	Contact No. :
3. MOTHER'S DETAILS :	
Mother's Name :	
Office Address :] Education :
	Organization :
	Occupation : Business Service
	Designation :
E-mail:	Annual Income:
Aadhar Card No :	Contact No. :

4. Bank Details: (as required by DEO Offic	e)		
Name of the Account Bearer :			
Bank Name:		Branch:	
IFSC Code:	Account		
5. Sibling Data :			
No. of Children : (Soi	n/s) :	(Daughter/s)	:
Siblings (if any) Do not mention Cous	sins Age		School
1.			
2. 3.			
	lik in this cabaal? VEC / N/	2	
Have you applied for admission of any other character If yes, name of the child 1			Medium :
2		Std. :	Medium :
6. Illness if any:	2 If you give details		
Is your child suffering from any medical ailment	.? If yes, give details,		
Physician's Sign with Stamp (Certifying the general fitness of the child)			
7. Conveyance:			
Conveyance arrangement : Own /Other	Distance	from the school	in Km
I/We hereby certify that the information given admission, I/We here by agree and give consent		-	•
Date:Father's Sign:	N	lother's Sign :	
List of Documents attached. Please Tick (Photocopy of Birth Certificate Photocopy of Result 	3. School Leaving Certificate (Original) 4. Bonafide Certificate		
FOR	R OFFICE USE ONL	Υ	
	ADMITTED		
Class :	Section :	w	v.e.f
Admission No .:	Receipt No.:		
Administrator	Accountant		Principal Principal