

دار القلم المركز الإسلامي لتحفيظ القرآن وللعلوم والفنون  
**DARUL QALAM ISLAMIC CENTRE**

Changuvetty, KOTTAKKAL, Parappur P.O

7902628306, 9947082107, 9847100113

Note: Applicants are requested to read the prospectus carefully before filling up the application form.  
Furnishing false information, if any, will be a disqualification for the admission

**HIGHSCHOOL APPLICATION FORM**

1. Name of Applicant in BLOCK LETTERS :

2. Expansion of Initials :

3. Sex : Male  Female

4. Age & Date of Birth :     
Age Date Month Year

5. Aadhar Number :

6. Place of Birth (With District & State) :

7. Place of Residence :

Place	Panchayath / Municipal Town corporation	Taluk	District
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Name (in Block letter) & Occupation  
of the Father/ Mother/ Guardian :

9. Permanent Home Address of the  
Parent/ guardian with Pin Code :

10. Address to which communications are  
to be sent with Pin Code :

Phone No. :

11. Religion & Caste / Community :

12. Half Year/ annual Examination Marks

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Total

Signature Student

Signature Parent

**For Office Use Only**

Admission No.

**Fee Details :**

Receipt No.

Amount

Date

Signature Principal