

# BELIEVERS CHURCH RESIDENTIAL SCHOOL

(Affiliated to CBSE, New Delhi No. 930 508)



St. Thomas Nagar,  
Kuttapuzha P.O., Thiruvalla - 689 103  
Pathanamthitta Dist, Kerala.  
Phone +91 8281185111, 8281185222, 8281185333  
Email: bcrsthiruvalla@gmail.com

## APPLICATION FOR ADMISSION TO STD XI

### Online Application

Affix recent  
Passport Size  
Photograph  
of the  
student

#### I) **APPLICANT INFORMATION** [Please write in CAPITAL LETTERS only]

1. Name of the Student:   
(as shown in the STD X mark list)
2. Expansion of initials, if any:
3. Gender (✓): Male ☐ Female ☐ 4. Age : Years \_\_\_\_\_ Month \_\_\_\_\_
5. Date of Birth (DD/MM/YY) : \_\_\_\_\_ 6. Place of Birth: \_\_\_\_\_
7. Nationality: \_\_\_\_\_ 8. Blood Group: \_\_\_\_\_
9. Religion & Community: \_\_\_\_\_
- a) Does the candidate belong to (✓): SC ☐ ST ☐ OBC ☐ OEC ☐ General ☐  
(If SC/ST/OBC/OEC produce community certificate)
10. Personal marks of Identification: 1. \_\_\_\_\_  
2. \_\_\_\_\_

#### — — — — — DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION — — — — —

- |   |   |
|---|---|
| <input type="checkbox"/> Transfer certificate   | <input type="checkbox"/> Migration certificate.   |
| <input type="checkbox"/> Certificate of equivalence<br>(Candidates from universities/boards<br>other than in India) | <input type="checkbox"/> Community certificate (only if applicable)                                 |
| <input type="checkbox"/> Xerox copy of the mark sheet of class X  | <input type="checkbox"/> One passport size photograph of the student.                               |
| <input type="checkbox"/> Original mark sheet for verification   | <input type="checkbox"/> Passport size photographs (one each) of father<br>and mother               |
| <input type="checkbox"/> Conduct certificate  | <input type="checkbox"/> One passport size photograph of the local<br>guardian (only if applicable) |

#### — — — — — FOR OFFICE USE ONLY — — — — —

VERIFIED BY:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADMISSION NO.:

Group to which admitted: \_\_\_\_\_

Option chosen: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Signature of the Principal: \_\_\_\_\_

## II) PARENT DETAILS

### FATHER

11. a) Name *(as in the Birth Certificate of the applicant)*

\_\_\_\_\_

b) Occupation: \_\_\_\_\_

c) Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Tel. No. (Office): \_\_\_\_\_

e) Fax: \_\_\_\_\_

f) Mobile: \_\_\_\_\_

g) E-mail: \_\_\_\_\_

12. Tel. No. (Residence): STD Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

13. Annual income of the Parent: ( ₹ ) \_\_\_\_\_

### MOTHER

a) Name *(as in the Birth Certificate of the applicant)*

\_\_\_\_\_

b) Occupation: \_\_\_\_\_

c) Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Tel.No. (Office) : \_\_\_\_\_

e) Fax: \_\_\_\_\_

f) Mobile: \_\_\_\_\_

g) E-mail: \_\_\_\_\_

## III) COMMUNICATION DETAILS:

14. Permanent Address: \_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

Tel: STD Code \_\_\_\_\_ Tel. No. \_\_\_\_\_ Mob: \_\_\_\_\_

15. Address for Communication: \_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

Tel: STD Code \_\_\_\_\_ Tel. No. \_\_\_\_\_ Mob: \_\_\_\_\_

#### IV) **ACADEMIC INFORMATION**

16. (a)	Name of the School last attended	Syllabus Followed	Grades Obtained in the qualifying exam				
			Eng	Ind language	G.Sc	Maths	S.S

(b) Whether appeared for Global Aptitude Test (SGAI)? Yes ☐ No ☐  
(If yes, attach a copy of the score card)

17. (a) **Combinations offered for choice:**

Group I Science	Group II Science	Group III Commerce	Group IV Humanities
English (Core) Physics Chemistry Maths Computer Science	English (Core) Physics Chemistry Biology <b>Options (tick one)</b> Maths <input type="checkbox"/> Computer Science <input type="checkbox"/> Psychology <input type="checkbox"/>	English (Core) Accountancy Business Studies Economics <b>Options (tick one)</b> Maths <input type="checkbox"/> Informatics Practices <input type="checkbox"/>	English (Core) Economics Political Science History <b>Options (tick one)</b> Informatics Practices <input type="checkbox"/> Psychology <input type="checkbox"/>

(b) **Choice of group (I/II/III/IV) in the order of preference:**

First Choice : Group \_\_\_\_\_  
Second Choice : Group \_\_\_\_\_  
Third Choice : Group \_\_\_\_\_  
Fourth Choice : Group \_\_\_\_\_

#### V) **GENERAL INFORMATION** (Confidential)

18. Applicant lives with: Father ☐ Mother ☐ Both ☐ Other (Specify) ☐ \_\_\_\_\_
19. Admission materials be sent to: Father ☐ Mother ☐ Both ☐ Other (Specify) ☐ \_\_\_\_\_
20. Fees details be sent to : Father ☐ Mother ☐ Both ☐ Other (Specify) ☐ \_\_\_\_\_
21. Check if appropriate: Father Deceased ☐ Parents Divorced ☐ Father Remarried ☐  
Mother Deceased ☐ Parents Separated ☐ Mother Remarried ☐
22. Does the pupil require Hostel facility ? Yes ☐ No ☐
23. Does the pupil require School Bus facility ? Yes ☐ No ☐
- If yes, write the nearest boarding point: \_\_\_\_\_
24. Details of the Brother/Sister of applicant if studying in the school :
- Name: \_\_\_\_\_ Standard: \_\_\_\_\_ Adm. No: \_\_\_\_\_
- Name: \_\_\_\_\_ Standard: \_\_\_\_\_ Adm. No: \_\_\_\_\_

**VI) GUARDIAN DETAILS** *[Only if applicable]*

25. Name of Local Guardian: \_\_\_\_\_

26. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

Tel. (Residence): \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature of local guardian : \_\_\_\_\_

Affix the  
Photograph  
of Local  
Guardian

**DECLARATION**

We \_\_\_\_\_, father \_\_\_\_\_, mother  
and \_\_\_\_\_, local guardian of \_\_\_\_\_  
have read the rules and regulations of the school. We promise that our son/ daughter will abide by them. We  
agree that we will not hold the school responsible for any untoward accident that might take place involving  
our son/ daughter. We will not put in any kind of compensation claim regarding such mishaps. In case our  
son/ daughter violates any of the school/hostel rules, the school reserves the right to take any action against  
indiscipline. Also we promise that we will compensate for any damage caused to the school property by our  
son/ daughter. We further declare that all the information given above are true and correct.

Signature of Pupil: \_\_\_\_\_

Signature of father: \_\_\_\_\_

Signature of mother: \_\_\_\_\_

Place:

Date:

Affix the  
Photograph  
of father

Affix the  
Photograph  
of mother