



DMI St. JOSEPH GLOBAL SCHOOL

By Sisters of DMI

Mother Virgin Garden, Yagapuram,
Marungapuri Taluk, Trichy - 621 305.

PH : 96297 54982 Website : www.dmisjgsyp.in

Email : dftdmiyagapuramsch@dmifoundations.org

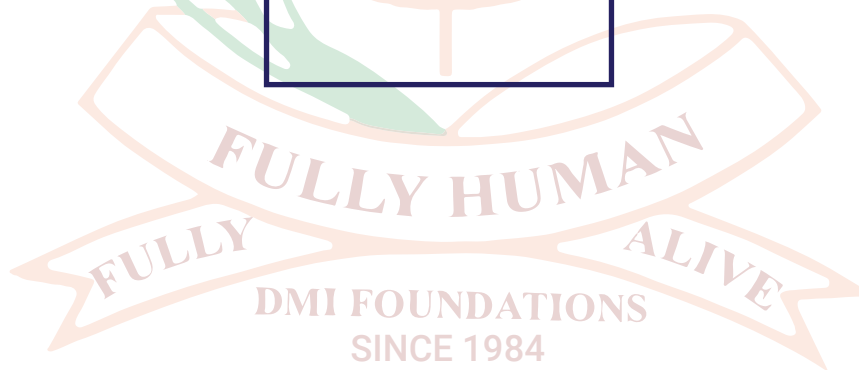
APPLICATION FORM

ACADEMIC YEAR 20 - 20

CLASSES KG TO X



Affix recent passport size
photo



Student's Name

PLEASE USE CAPITAL LETTERS

Date of Issue

Class Applied For

Application No.

Admission No.

ADMISSION DETAILS

Aadhar No. EMIS NO.

Admission to Class: (Tick) I II III IV V VI VII VIII

Previous school name

Board of Study: Matric State CBSE ICSE IGCS Otherboard

Second Language opted: Classes I to IX Tamil Hindi

Third language opted: Class I to IX Tamil Hindi

INFORMATION RELATED TO THE APPLICANT

Name as per birth certificate (in BLOCK LETTER)

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Gender (✓)

Date of Birth

Age

State

Nationality

M F

DD MM YYYY

Mother Tongue

Religion

Blood group

Height

Weight(kg)

Community

Specify any two visible identification marks of the student

1.

2.

Address for communication

Contact address in case of emergency

Pin Code

State

Pin Code

State

Landline Number

Mobile Number

Landline Number

Mobile Number

Email ID

Email ID



Does the ward have any brother(s)/ sister(s)? Yes No

If yes, specify

| | | |
|-------|-------|--------|
| Name | Class | School |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

For the sibling's admission in our institution? Yes No

If yes, specify: Name _____ Class _____

Language(s) spoken at home

1. _____ 2. _____ 3. _____

Kindly help us understand your child's history by completion the following chart.

List all the schools attended from his/her first year of schooling.

| Class | Name of the school | Medium of Instruction | Board of Study |
|----------|--------------------|-----------------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

Co-curricular / Extracurricular Activities

I. List all representation at the international / National / State / Divisional / Zonal / School level in Sports. Library, Cultural and other Activities (Attach a separate sheet if space is insufficient)

| Activity | Level | Position held / Type of Participation / Award | Tenure |
|-----------------|--------|---|------------|
| eg: Volley ball | School | Player | 2019- 2020 |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

Kindly tick(✓) if you would like to opt.

IIT FOUNDATION Yes No
(for classes VI to VIII)

ECAYLP Yes No (for classes LKG to VIII)
(Extra Curricular Activities Year Long Programme)

II. If any special talent possessed, specify (Sports, Music, Dance, Art or any other)

INFORMATION RELATED TO PARENTS

Father's Name (in BLOCK LETTERS)

Mother's Name (in BLOCK LETTERS)

Educational Qualification

Educational Qualification

Mobile Number

Mobile Number

Email ID

Email ID

Designation

Designation

Annual Income

Annual Income

Type of Industry / Business

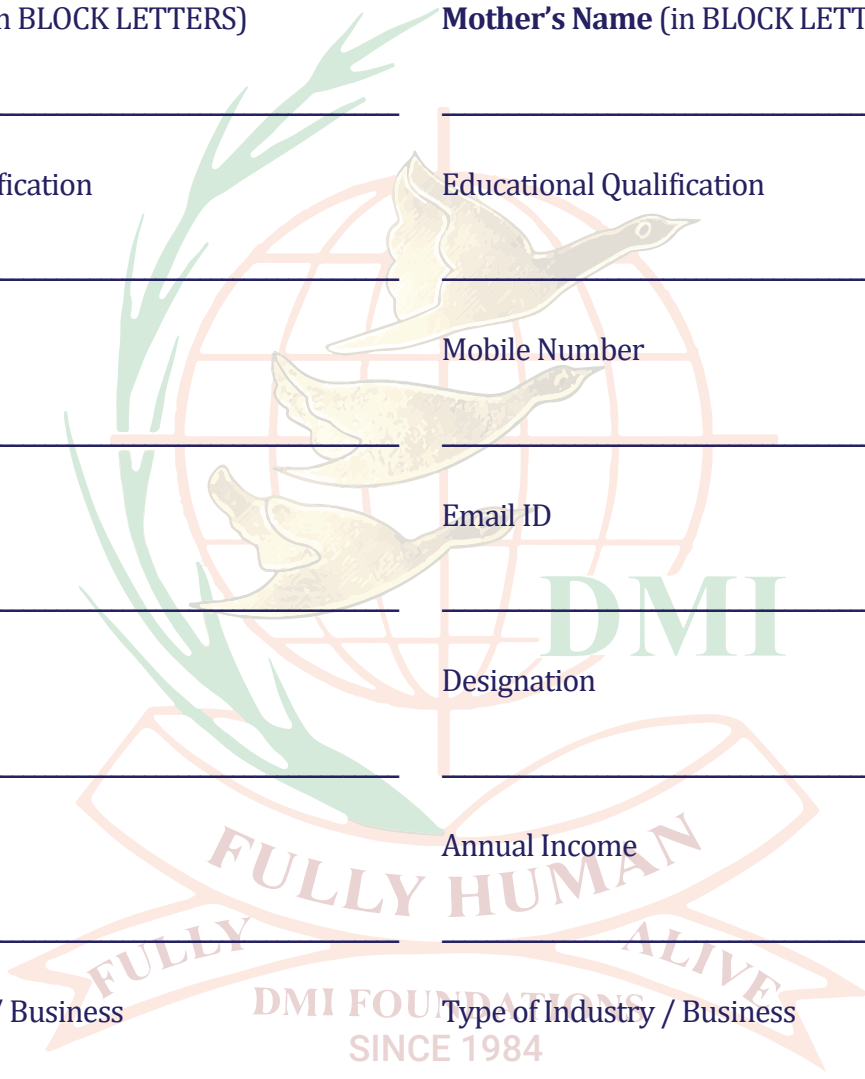
Type of Industry / Business

Name & Address of the organization

Name & Address of the organization

Office Phone Number

Office Phone Number



Did you recommend our institution to any parent(s) of ward(s) Yes No

If yes, specify

| Name of the parent | Student's Name | Class | School |
|--------------------|----------------|-------|--------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

GENERAL QUESTIONNAIRE

How did you come to know about the DFT Group of Schools?

Advertisement SMS Reference Alumni Website

Facebook Twitter Instagram Youtube

Any other source

What are your expectations from the DFT Group of Schools?

(State in order of priority by providing serial numbers)

- | | |
|--|--|
| <input type="checkbox"/> Academic Excellence | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Integrated Courses (IIT / NEET) | <input type="checkbox"/> Extracurricular Activities/Uniformed Services |
| <input type="checkbox"/> Competitive Courses (NATA/NIFT/CLAT/CA-FOUNDATION) | <input type="checkbox"/> General Discipline/Safety |

For instance

- | | |
|--|--|
| <input type="checkbox"/> Academic Excellence | <input type="checkbox"/> Integrated Courses (IIT / NEET) |
| <input type="checkbox"/> General Discipline/Safety | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Extracurricular Activities/Uniformed Services | <input type="checkbox"/> Competitive Courses |

FOR OFFICE USE ONLY

Admitted in Class

Principal/Head of the Admission Committee

Date (DD/MM/YYYY)

SUBMISSION OF CERTIFICATES/STATEMENTS/PROGRESS CARD

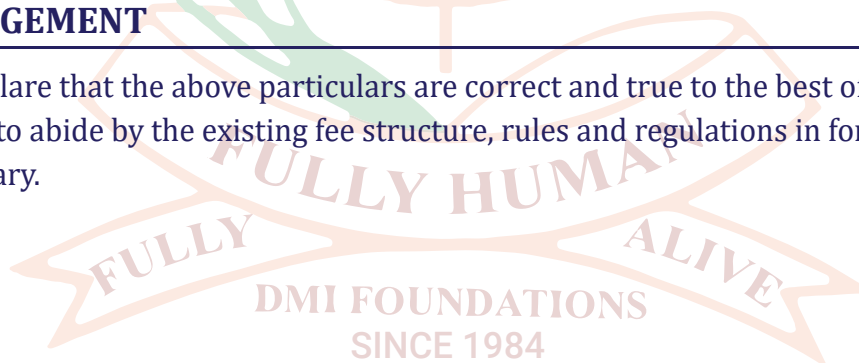
| Certificate | Whether enclosed | Photocopy | Original |
|--|--|--------------------------|--------------------------|
| 1. Transfer certificate (Counter signed by IMS for Matric/ By CBSE office for CBSE students from other states) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Birth Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Community Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Migration Certificate (If the student is from another state/country) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Aadhar Card | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any other enclosures | 1. _____ 2. _____ | | |

Note:

- Date of submission of certificates will be announced after the commencement of classes.
- Admission number will be confirmed only after the submission of certificates and payment of fee.
- In case of inter-state transfer, TC must be produced duly counter signed by the inspecting officer/DEG with respect to schools affiliated to state boards and by the Regional Officer in case of schools affiliated to CBSE.

ACKNOWLEDGEMENT

- We hereby declare that the above particulars are correct and true to the best of our knowledge.
- We also agree to abide by the existing fee structure, rules and regulations in force and those that may subject to vary.



Date

Signature of Father/Guardian

Signature of Mother

SPECIAL DISCIPLINARY RULES

- Students are banned from using motor cycles.
- Parents are strictly informed not to buy bike allow their wards to use motor cycles.
- In case, the students is found using a motor cycles, his / her name will be referred to the TRAFFIC POLICE
- Students should not bring mobile phones or any electric and electronic gadgets to school
- Bullying or hurting other students is not entertained
- Students should not involve in smoking or consuming alcohol.

DECLARATION BY THE PARENTS

- We promise that our ward will not come to school by motor cycles.
- He / She will not carry any mobile phone or any electrical or electronic gadgets to school.
- We also assure that he / she will not bully or hurt any student.
- He / She will not smoke or consume alcohol.

In case, my ward deviates from any of the above rules. We accept and agree to the disciplinary action taken against him / her.

Date

Signature of Father/Guardian

Signature of Mother

Note to parents : 1. Fill in all the columns provided. 2. Incomplete form will not be considered.

