



# INDIAN SCHOOL MUSCAT

(Affiliated to the Central Board of Secondary Education)

## CENTRE FOR SPECIAL EDUCATION



### APPLICATION FORM FOR CSE ADMISSION

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**NATIONALITY** \_\_\_\_\_

**RESIDENTIAL ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **AREA** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**CURRENT SCHOOL AND CLASS:** \_\_\_\_\_

**PREVIOUS SCHOOL AND CLASS:** \_\_\_\_\_

**CHILD'S CONDITION (As Per the Medical Record):** \_\_\_\_\_

#### PARENTS' DETAILS:

	NAME	OCCUPATION	PH. NUMBER
FATHER			
MOTHER			

#### SIBLINGS STUDYING IN ISM/CSE

**NAME:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

#### FOR OFFICE USE ONLY

**APPROPRIATE GROUP LEVEL:** \_\_\_\_\_

**REGISTRATION NO:** \_\_\_\_\_

**SIGNATURE OF PRINCIPAL, APEX CSE** \_\_\_\_\_

**DATE:** \_\_\_\_\_