## HOLY CRESENT MATRICULATION SCHOOL HIGHER SECONDARY

31A, TRUNK ROAD, POONAMALLEE, CHENNAI - 56.

Phone: 2627 2428 / 2627 3644 / 2649 5640 Photograph No. APPLICATION FOR ADMISSION 1. Name of the Pupil: (in capital letters) பெயர் அமிழில் Month Year Girl 3. Gender Boy 2. Date of Birth Others Indian 4. Nationality and State to which the pupil belongs Others Tamilnadu Sikh Hindu Christion Muslim 5. Religion Jain Buddhist Others SC-Arnuthathiyar SC-Others ST 6. (a) Community MBC BC-Muslim BC-Others OC-Other Communities (b) Sub Caste Name: 7. (a) Mother's Name: Below SSLC SSLC Hr.Sec. (b) Mother's Educational Qualification: Graduate Post Graduate Others Private Agriculture (c) Mother's Occupation: Self-employed Daily Wages Rs. (b) Monthly Income: 8. (a) Father's Name: SSLC Below SSLC Hr.Sec. b) Father's Educational Qualification: Graduate Post Graduate Others Govt. Private Agriculture (c) Father's Occupation: Self-employed Daily Wages (b) Monthly Income: Rs. 9. (a) Whether living with: Parent Guardian b) If living with Guardian, Guardian's Name: SSLC Hr.Sec. Below SSLC Guardian's Educational Qualification: Graduate Post Graduate Others Govt. Private Agriculture Guardian's Occupation Self-employed Daily Wages Guardian's Monthly Income

10. (a) Cl	lass Last Studied	:		(b) Whether qualified for Promotion : Yes No.			
(c) No	ame of the School	:					
II. Class	in to which admissio	on sought :					
12. Mothe	er tongue of the Pupi	ı :[					
13. Langi	uage Proposted to be Second Lan		Tamil Hindi				
14. Addre	ess for Communication	on :	Door No		•••	36-2	
		O**		***************************************			Street
		100	***************************************	***************************************		Pin T	TTTT
				T 1 1		Pin	
			Phone :	+			
			Mobile :				
15. Blood	d Group	;					
16. If diffe	erently-abled-Type o	f disability :	No	7 6	rtho	Blind	Draf
	her Vaccinated Prope		Yes	No		NC 30 36	
8. Siblin	iae	,					
SI.No.	Nam		Gender	Age	Qualification	. Whe	ther the studen
1.	Trum		M/F	nge	Qualification		of this school Yes / No.
2.			M/F				Yes / No.
3.			M/F				Yes / No.
4.			M/F				Yes / No.
nowledge I, her	reby, declare that, the e and based on record reby undertake to on Form and any othe	ds. inform the In	by me in the	t any chan	iges in informati	on submitte	d by me, in th
Station :							
<b>#</b> 00000 00							
Date :					Signatu	re of the Pai	rent / Guardia
Enclosure	es :						
(1) Trans	sfer Certificate	Original	Xerox	(6) Nat	ivity Cretificate	Original	Xerox
(2) Birth	0	Original	Xerox	(7)			Xerox
(3) Progr	H	Original	Xerox	(8)			Xerox
(4) Comi		Original	Xerox	(9)			Xerox
(5) Incom	me Certificate	Original	Xerox	(10)		Original	
							Xerox
Admissio	-	/	Offic	e Use	Admission	Date :	
Admissio Class Adi	-	/	Offic	e Use			icipal with Sea