



10. (a) Class Last Studied :  (b) Whether qualified for Promotion : 

Yes	<input type="checkbox"/>
No.	<input type="checkbox"/>

  
 (c) Name of the School :

11. Class in to which admission sought :   
 12. Mother tongue of the Pupil :   
 13. Language Proposed to be taken under Second Language : 

Tamil	<input type="checkbox"/>
Hindi	<input type="checkbox"/>

14. Address for Communication : Door No.....  
 .....Street  
 .....Pin   
 Phone :   
 Mobile :

15. Blood Group :   
 16. If differently-abled-Type of disability : 

No	<input type="checkbox"/>
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Ortho	<input type="checkbox"/>
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Blind	<input type="checkbox"/>
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Draf	<input type="checkbox"/>
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 17. Whether Vaccinated Properly : 

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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18. Siblings :

Sl.No.	Name	Gender	Age	Qualification	Whether the student of this school
1.		M / F			Yes / No.
2.		M / F			Yes / No.
3.		M / F			Yes / No.
4.		M / F			Yes / No.

**DECLARATION**

I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.  
 I, hereby undertake to inform the Institute, about any changes in information submitted by me, in the Application Form and any other documents, including change in addresses and phone nos., from time to time.

Station : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Signature of the Parent / Guardian \_\_\_\_\_

Enclosures :

(1) Transfer Certificate	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>	(6) Nativity Certificate	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>
(2) Birth Certificate	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>	(7) .....	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>
(3) Progress Card	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>	(8) .....	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>
(4) Community Certificate	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>	(9) .....	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>
(5) Income Certificate	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>	(10) .....	Original <input type="checkbox"/>	Xerox <input type="checkbox"/>

Admission No. :  /   
 Class Admitted :   
 Office Use \_\_\_\_\_  
 Admission Date :  /  /   
 Signature of the Pricipal with Seal \_\_\_\_\_