

CAMBRIDGE NURSERY & PRIMARY SCHOOL

(Reg. No. 24/25 - 2007)

No. 45, E.V.R. Street, Nazarathpet, Chennai - 600 123.

No.

Photograph

APPLICATION FOR ADMISSION

1. Name of the Pupil :
 (in capital letters)
 பெயர் தமிழில் :

2. Date of Birth : Day Month Year

3. Gender : Boy Girl

4. Nationality and State to which the pupil belongs :

Indian	<input type="checkbox"/>	Others
Tamilnadu	<input type="checkbox"/>	Others

5. Religion :

Hindu	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Others	<input type="checkbox"/>		

6. (a) Community :

SC-Arunthathiyar	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>
MBC	<input type="checkbox"/>	BC-Muslim	<input type="checkbox"/>	BC-Others	<input type="checkbox"/>
				OC-Other Communities	<input type="checkbox"/>

(b) Sub Caste Name:

7. (a) Mother's Name :

(b) Mother's Educational Qualification :

Below SSLC	<input type="checkbox"/>	SSLC	<input type="checkbox"/>	Hr.Sec.	<input type="checkbox"/>
Graduate	<input type="checkbox"/>	Post Graduate	<input type="checkbox"/>	Others	<input type="checkbox"/>

(c) Mother's Occupation :

Govt.	<input type="checkbox"/>	Private	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	Daily Wages	<input type="checkbox"/>		

(b) Monthly Income : Rs.

8. (a) Father's Name :

(b) Father's Educational Qualification :

Below SSLC	<input type="checkbox"/>	SSLC	<input type="checkbox"/>	Hr.Sec.	<input type="checkbox"/>
Graduate	<input type="checkbox"/>	Post Graduate	<input type="checkbox"/>	Others	<input type="checkbox"/>

(c) Father's Occupation :

Govt.	<input type="checkbox"/>	Private	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	Daily Wages	<input type="checkbox"/>		

(b) Monthly Income : Rs.

9. (a) Whether living with :

Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
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(b) If living with Guardian, Guardian's Name :

Guardian's Educational Qualification :

Below SSLC	<input type="checkbox"/>	SSLC	<input type="checkbox"/>	Hr.Sec.	<input type="checkbox"/>
Graduate	<input type="checkbox"/>	Post Graduate	<input type="checkbox"/>	Others	<input type="checkbox"/>

Guardian's Occupation :

Govt.	<input type="checkbox"/>	Private	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	Daily Wages	<input type="checkbox"/>		

Guardian's Monthly Income :

Rs.

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

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

Name of the School :

12. Class in to which admission sought :

13. Mother tongue of the Pupil :

14. Language Proposed to be taken under Second Language :

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

15. Aadhar Number :

16. EMIS No. :

17. Address for Communication : Door No.....
Street
Pin

Phone :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Mobile :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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18. Blood Group :

19. 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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20. Whether Vaccinated Properly :

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

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

I abide by the rules and regulation of the School. throughout the Education of my Child in this School.

Station :

Date :

Signature of the Parent / Guardian

Enclosures :

(1) Transfer Certificate	<table border="1" style="width: 100%;"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1" style="width: 100%;"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>	(6) Nativity Certificate	<table border="1" style="width: 100%;"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1" style="width: 100%;"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>
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Xerox	<input type="checkbox"/>												
Original	<input type="checkbox"/>												
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(2) Birth Certificate	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>	(7)	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>
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Original	<input type="checkbox"/>												
Xerox	<input type="checkbox"/>												
(3) Progress Card	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>	(8)	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>
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(4) Community Certificate	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>	(9)	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>
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(5) Income Certificate	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>	(10)	<table border="1"><tr><td>Original</td><td><input type="checkbox"/></td></tr></table>	Original	<input type="checkbox"/>	<table border="1"><tr><td>Xerox</td><td><input type="checkbox"/></td></tr></table>	Xerox	<input type="checkbox"/>
Original	<input type="checkbox"/>												
Xerox	<input type="checkbox"/>												
Original	<input type="checkbox"/>												
Xerox	<input type="checkbox"/>												

Admission No. :

Office Use

Admission Date :

Class Admitted :

Signature of the Pricipal with Seal