

ADMISSION FORM

App No: _____



**SRI JAYENDRA SARASWATHY VIDYALAYA
MATRICULATION HR.SEC.SCHOOL**

182, S.I.H.S COLONY ROAD, Singanallur, Coimbatore-641005, Phone: 2270616,6585107
Recognized by the Director of School Education, Chennai.
R.Dis No: 81026/E4/97 dt: 11.10.1997

Affix Photo

Admission No :		Standard: Date of Admission:		
1. (a) Name of the Student in English / Tamil (b) Native Place				
2. (a) Date of Birth (Born in No.&Words)	Date	Month	Year	
(b) Is the Birth Certificate Attached? Yes/No	Yes / No			
3. (Nationality)	Indian			
4. (Religion)				
5. (a) Caste If OC/BC/MBC/SC/ST Specify				
(b) Is the Community Certificate Attached?	Yes / No			
6. Whether living with parent/Guardian				
7. (a) Name of the parent				
(b) Occupation				
(c) Office Address				
(d) Annual Income				
(e) Residential Address & Phone number				
8. (a) Name of the Guardian				
(b) Occupation				
(c) Office Address				

(d) Annual Income		
(e) Residential Address & Phone number		
9. (a) Standard Last studied (b) School Last studied (c) Whether qualified for Promotion		
10. Is (Record Sheet/ TC Attached)		
11. Standard In Which Admission in Sought		
12. Mother Tongue		
13. Whether Vaccinated? Are they Vaccination Marks?		
14. Previous School History	Year	Standard Studied

DECLARATION OF THE PARENT/GUARDIAN

I declare that the particulars given are correct and the student has studied only in the schools which are mentioned in the application. I assure that the Date of Birth of the students is correct and will not request for any changed to be made in future.

Station:

Date:

Signature of the Parent /Guardian

OFFICE RECORD
<p>Admit In</p> <p>.....Standard</p> <p align="right">Signature of the Principal</p>