



SIVANANDA RAJARAM SENIOR SECONDARY SCHOOL

Affiliation No. 1930754

(A Unit of Sivananda Saraswathi Sevashram)
MARAIMALAI NAGAR-603 209.

APPLICATION FOR ADMISSION

Photo

Serial No: YEAR 20 - 20

Class to which Admission is Sought -

Name:

Gender: M/F.....DOB :..... Age:

Mother Tongue :.....Nationality :..... Religion:.....

Caste :.....Community : (SC /ST/MBC/BC/DNC/Others)

PREVIOUS HISTORY OF THE SCHOOL STUDIED

Name Of the School :

Class :.....Year.....

II Language option (Tamil / Hindi)

Parent Information

<u>Father</u>	<u>Mother</u>
Full Name: .....	.....
Educational Qualification: .....	.....
Occupation: .....	.....
Designation: .....	.....
FIRM/DEPT.Name: (Govt/Pvt Sector)	.....
.....
Office/Company Name:	.....
.....	(Put✓in the appropriate box)
.....	Do you need School Bus Yes No
Arca: .....	.....
Total Annual Income	Do you own 4 Wheeler 2 Wheeler
Residential Address: .....	.....
.....	How will you drop your child at school - by
.....
Landline No:	On foot MTC Auto Van
Mobile No's: .....	.....
E-Mail ID: .....	.....

Certificates to be enclosed :

1. Birth Certificate
2. Community Certificate (Except OC)
3. Transfer Certificate
4. Xerox copy of Aathar Card
5. Xerox copy of Ration card

Office Use :

Date :

Place :