



SRV MATRICULATION HIGHER
SECONDARY SCHOOL
S A M A Y A P U R A M » TRICHY

APPLICATION FOR HIGHER SECONDARY ADMISSION

Admission No

Application No :

Name of the Pupil

Gender M F

Date of Birth:

Age Years Months



Parents Details

Father's Name:

Educational Qualification: Occupation : Designation :.....

Office address:

Pin code : Mobile No: E-Mail:

Residential Address

Mother's Name :

Educational Qualification: Occupation : Designation :.....

Office address:

Mobile No: E-Mail :

Pin code: Landline No:

Guardian's Name

Residential Address

Pin code: E-MailId: Mobile No:.....

Nationality Religion Mother Tongue

Blood group Aadhar No. EMIS No.

Community ST SCA SC MBC DNC BC BCM OC Caste :

Name of the previous school attended:

Class last studied : Medium :

Board of Study : State Board Matriculation CBSE ICSE

Standard in which admission is now sought :

Course of Study : General Vocational

Subject proposed to be taken under :

Part I : Tamil Hindi French Sanskrit

Part II : English

Part III : Group : 2502 : Physics, Chemistry, Comp.Science, Maths

2503 : Physics, Chemistry, Biology, Maths

2601 : Physics, Chemistry, Biology, Comp.Science

2702 : Economics, Commerce, Accountancy, Comp.Applications

2708 : Economics, Commerce, Accountancy, Business Maths & Statistics

Co-curricular activity : Yoga Painting Speech Instruments

Vocal Theatre Dance

Whether school transport is required : Yes No If No,Specify the mode of transport :
Distance from school in kms :

Whether school Hostel is required : Yes No

Mention Vaccination administered on the ward

Personal marks of identification.....

Physical disabilities, if any.....

Any serious illness suffered.....

Name of the Examination passed

Month & Year of Appearance & Register no.

Subject	Max mark	Marks obtained	Percentage
Tamil / Other language			
English			
Mathematics			
Science			
Social Science			
Total			

How did you come to know about the school? (Please Tick)

Website Friends

Workplace Other

Place enclose the following

i) Birth Certificate-Xerox

ii) Community Certificate

iii) Transfer Certificate

Name of brothers / sisters, if any in this school and the class in which studying (only biological sibling)	Name	Age	Standard

Signature of Applicant

Signature of Parent / Guardian

Place :

Date :

FOR OFFICE USE ONLY

Class Admitted Group Medium Language Date

ORDER : Admit in : Standard Group

Principal

DECLARATION

We, the parents of our child / ward represent that we have the authority to admit the child and interact with the school on behalf of the child when required. We undertake to bring any fact, which may makes this representation untrue in the future to the immediate notice of the school. We declare that the statements given in this form are correct and, if found otherwise, we shall abide by the decision of the Management. We agree to abide by the rules and regulations of the school. The fee schedule has been understood and we agree to adhere to the rules regarding terms & conditions of the payment of fees. We understand that fees once paid will not be refunded.

Father's Name :

Father's Signature:

Date :



Mother's Name :

Mother's Signature:

Date:

