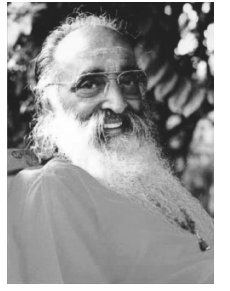


MARG CHINMAYA VIDYALAYA

MARG Vishwashakthi, Kottramangalam Village,
Tiruchanoor, Off By-pass Road, Tirupati



APPLICATION FORM

For Office Use Only

Name of the candidate (in capital letters): _____

REGISTRATION FORM FOR ADMISSION IN CLASS _____ FOR THE ACADEMIC YEAR _____

S.No. Reg. No. Admn. No.

Signature of the staff-in-charge

Please use capital letters

1. Name of the candidate: _____ 2. Sex: M F

3. Date of birth (DD/MM/YYYY): / /

4. Applying for admission in class: _____

5. Nationality: _____ 6. Mother Tongue: _____ 7. Religion: _____

8. Caste: _____ 9. As per the Govt. list belongs to: ST SC MBC OBC FC Others
(Only for statistical purpose)

10. Residential address (in full): _____

11. Residence phone no.: _____

12. Approximate distance of the residence from school (in Km): _____ Kms

13. Mode of transport likely to be used: Walk Cycle Two Wheeler Car Hired Auto or Van

14. Do you require school bus/van facility: Yes No

15. Parent's details:

Details	Father	Mother
(a) Name		
(b) Qualification		
(c) Occupation		
(d) Name of Organization		
(e) Office Address		
(f) Office Phone		
(g) Mobile No.		
(h) E-mail ID		
(i) Annual Family Income	< 1 lakh <input type="checkbox"/>	1-3 lakhs <input type="checkbox"/> > 3 lakhs <input type="checkbox"/>

16. Previous academic details of the candidate (if applicable) -

(a) Name of the school last attended & class: _____ City _____

(b) Recognised Unrecognised

(c) Result: Promoted Detained

(d) Medium of instruction: _____

(e) Second language: _____ (f) Third language: _____

17. Any special information (like extracurricular activity) that you want to share with the school

18. Does the child have any major ailment/allergy? Yes No If yes, specify _____

19. Is the child physically challenged? Yes No

If yes (medical certificate to be enclosed), specify _____

20. In case of emergency, contact details of the doctor -

Name of the doctor: _____ Mobile no.: _____

21. Details of sibling (if applying for sibling, please mention)

a. Name _____ Class applied for _____

b. Name _____ Class applied for _____

DECLARATION

I, the parent (father/mother) of _____ seeking his/her admission in the school, solemnly declare that the information furnished above is absolutely true and that if found factually wrong at any time after the admission during his/her stay in the school, I shall abide by the decision of the school authorities without any plea or protest. I also agree to abide by the rules and regulations in all aspects.

NAME OF THE PARENT (in capital letters)

SIGNATURE OF THE PARENT

DATE

Documents to be produced on admission:

1. Photo copy of Birth Certificate
2. Original Transfer Certificate (if applicable)
3. Photo copy of Community Certificate (if eligible)

For Office Use Only

Date of admission: _____ Class: _____ Section: _____

Fee receipt no.: _____ Date: _____

STAFF INCHARGE

PRINCIPAL