

## **ABHIJAY MATRICULATION SCHOOL**

(Recognised by the Govt. of Tamilnadu) No.204, 6th Street, Vignarajapuram, Vengaivasal, Chennai - 600 073.

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App	lication	No	:
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## **APPLICATION FORM FOR ADMISSION**

1.	Name of the Pupil (in Block Letters)	:		
2.	Gender	:		
3.	Date of Birth (Birth Certified to be Attached)	:		
4.	Nationality and Religion	:		
5.	Caste (BC/MBC/SC/ST Community certificate from Thasildar to be attached)	:		
6.	(i) Name of Parent / Guardian and Qualification	:		
	(ii) Occupation of Parent and Monthly Income	:		
	(iii) Office Address & Phone No	:		
7.	Residential Address Parent / Guardian Phone No	:		
8.	Name of the School last studied in (whether Aided / Govt / Private)	:		
9.	Class to which admission is sought	:		
10.	Class in which pupil last studied	:		
11.	Whether Promoted / detained	:		
12.	Certificates / Records Attached	:	Record Sheet Transfer Certificate Both	

13.	Mother Tongue	:	
14.	Whether Vaccinate or not	:	
15.	Proficiency in any extra curricular ac	ctivities :	
16.	Name of the Sibilings studying in the with Classes	e school :	
	DECLARATION	N BY THE PARENT / (	<u>GUARDIAN</u>
the s time and time	I/Weare to see that My/Our ward conducts school authorities implicitly and follow to time. If My/Our ward is found to have usefulations of the school. I/We have a during the academic year of his/her the Details given above by me / us are	is himself will obey all to wing the rules and regulated any of the no objection to expel has studies.	ulations of the school framed from e instructions of the staff or the rules nim/her from his/her school at any
Date			
Stati	on:		Signature of the Parent / Guardiar
	FO	R OFFICE USE ONLY	
Adm	ission No :	Whether Admitted	Standard / Sec
Date	:		Signature of the Principal