

Registration Form for the academic year

2 0 1 7

2 0 1 8

(For Office Use)

Registration Form No.

Date of Issue

ALL FIELDS ARE MANDATORY

Please affix
Recent
Passport sized
Photograph
Of the Applicant

Admission to Class

Second Language for classes LKG to V STD:

Tamil

Hindi

French

PERSONAL DETAILS

WRITE IN BLOCK LETTERS

Initial / Surname

Name of the Student

Date of Birth

Gender

Day Month Year

M F

Native Place

Residential Area

Nationality

State

Mother Tongue

Caste

Religion

Community (for statistical purpose only)

SC ST BC MBC OC

Blood Group:

Height (in cms) :

Weight (in kgs) :

Identification Mark 1

Identification Mark 2

Does the child suffer from any chronic illness: Yes No

If Yes Detail the same:

Family Doctor's Name

Contact Number

Allergic to any medicines?

If so please state the name of medicine

PREVIOUS SCHOOL DETAILS

Board of Study: Medium of Study:

School Name: Year of Passing

INFORMATION RELATED TO THE PARENTS

Particulars	Father	Mother
Name	<input type="text"/>	<input type="text"/>
Educational Qualification	<input type="text"/>	<input type="text"/>
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> House Wife
Type	<input type="checkbox"/> Govt <input type="checkbox"/> Private <input type="checkbox"/> Others	<input type="checkbox"/> Govt <input type="checkbox"/> Private <input type="checkbox"/> Others
Annual Income (in Rs.)	<input type="text"/>	<input type="text"/>
Office Name & Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Office Landline Number	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
E-mail Id	<input type="text"/>	<input type="text"/>

Address for Communication

Phone Mobile

