



**SWAMY VIVEKANANDHA VIDHYALAYA MATRICULATION HIGHER SECONDARY
SCHOOL KADAYAMPATTY, KADAYAMPATTY (Tk), SALEM (Dt). Pin-636 351**

Recognition No: 4054/௮4/2015 - dt 15.02.16

APPLICATION FOR ADMISSION

Application No	
Admission No	
Class	
Section	
Date Of Admission	
1. Full Name of the pupil (in BLOCK Letters)	
2. Sex	
3. Date of Birth (a) in figures (b) in words	
4. Nationality and State to which the pupil belongs	
5. Religion (This information is intended only for Statistical purposes)	
6. Does the Pupil belongs to Scheduled Caste or Scheduled Tribe or Backward Class?	
7. Whether living with parent or Guardian or Local residence, if not living with parent	
8. (a) Name of Father (b) Occupation (with office Address) (c) Basic Salary (d) Full Address (Residential) (e) Phone No	
9. (a) Name of Guardian (b) Occupation (c) Basic Salary (d) Full Address & Phone No	
10. Name of School last attended	

11. Class last studied	
12. Whether qualified for promotion	
13. Is the Mark-list attached?	
14. Is the previous school a Central School Recognised by the C.B.S.E Recognised by the State Education Department ?	
15. Medium of instruction in the last attended	
16. Class which is admission in the School	
17. Mother Tongue of pupil	
18. Whether hostel accommodation is required	
19. Whether transport facility is required	
20. Whether vaccinated or small pox marked	

DECLARATION BY THE APPLICANT

I here by declare (a) that the particulars furnished above are correct (b) that I will abide by the Rules and Regulations of the School.

Date:

Signature of Applicant

DECLARATION BY THE PARENT / GUARDIAN

I _____ Father / Guardian of hereby declare that the details furnished above are correct, that I will not demand any change in the date of birth in col. 3 and that I will abide by the Rules of the School.

Date:

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Admit : to Class _____ Section _____

Date :

Admission No :

Fee Receipt No :

Date Of Payment :

ACCOUNTANT MANAGER

PRINCIPAL