



S.V.C.NAGAR, PULIYANGUDI - 627 855, Tenkasi - District  
Affiliated to CBSE - New Delhi. Affiliation No - 1930620

AFFIX YOUR  
RECENT  
PASSPORT SIZE  
PHOTO  
USE THE SAME FOR  
ALL PURPOSE

Application No:

Admission for the Class:

Admission No:

Admission Date:

**APPLICATION FORM FOR ADMISSION**  
**20 - 20**  
**STUDENT PERSONAL PROFILE**

1. Name : .....  
(in BLOCK Letters As per Birth Certificate)

2. Gender : Male  Female

3. Age & Date of Birth (Attach Proof) :     
(in figures) : Age DD MM YYYY  
(in words) :

4. Class to which admission is sought : .....

5. Second Language (Any one): Tamil  Hindi

6. Nationality : .....

a. Mother Tongue : .....

b. Religion : .....

c. Caste : .....

d. Whether belongs to : SC  ST  MBC  BC  OC



7. Address for Communication : .....

.....

.....

Dist : ..... Pin

8. Permanent Address : .....

.....

.....

Dist : ..... Pin

**PREVIOUS ACADEMIC DETAILS**

9. Name and address of the School last attended : .....

.....

10. Whether it was : CBSE  ICSE  Matriculation School

11. Class last studied : .....

12. Marks of the last Examination' (for Std II and above) (Attach Proof):

English	Maths	Science	II Language

13. Details of own Brothers / Sisters in the School:

Sl, No.	Admission No.	Name of the Student	Relation with the Student	Class & Division
1				
2				
3				



14. Transport facility needed : Yes  No

If Yes, Boarding Point : .....

### PARENTS DETAILS

15. Parents Details

#### FATHER

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#### MOTHER

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Particulars	Father	Mother
Name		
Phone No.		
Edu. Qualifications		
Occupation		
e-mail		
Office Address		
Office Phone No		
Monthly Income	Rs. (Rupees ..... only)	Rs. (Rupees ..... only)

★ ★ if single parent, mention the status: Yes  (add proof) No

### STUDENT HEALTH DETAILS

16. Any health problem for special attention :

17. Medical History of the Child

Physical defect if	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visual    Auditory    Orthopedic
Any Physical / mental handicaps (Give Details)	
Does the child have any identified allergies (Give Details)	
History of serious illness in the past, if any other details	



## DETAILS OF GUARDIAN

19. Name of the guardian permitted by the parents to visit their wards at campus.

No other visitors will be permitted

- a. Name : .....
- a. Relationship : .....
- b. Occupation : .....
- c. Address : .....
- d. Mobile No. : .....
- e. E-mail : .....

## DECLARATION BY THE PARENT

1. The information furnished is true and correct to the best of our knowledge. The original certificates will be produced at the time of admission or on demand. In case any information furnished is found incorrect we agree to forego any claim for admission I or found to be false at a later date on verification. I / My son / daughter will forfeit the admission I seat, no matter at what stage of the course / class will be, at that time.
2. If admitted we agree to be bound by the rules and regulations now in force and those made from time to time.
3. We promise that we will not claim any compensation or refund of fee paid by us.
4. We accept all decisions of the authority in all matters of training examinations and discipline with no right of questioning in any court of law.
5. We Further Accept that if I/my son/daughter wish to leave the Institution in the middle of the course we will pay the prescribed fees before getting the transfer certificate and other Certificates

PLACE :

DATE

ENCLOSURE

Signature of the Parent I Guardian

1. Birth Certificate (only for Nursery, Kindergarten, Preparatory).
2. Transfer certificate from the school attended previously.
3. Xerox copy of academic performance sheet of the previous class.
4. Two latest Passport size coloured photographs

Office Use Only

ADMITTED / NOT ADMITTED

Admission for the Class

Admission No

Admission Date

Signature of Principal / AD

For details contact The Principal

## SVC SAI NIKETAN CBSE SCHOOL

S.V. C.Nagar, Puliyangudi - 627 855, Sivagiri (Tk), Tenkasi (Dt.) Tamilnadu.

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