

99522 58987, 90427 81791

mountvalley21@gmail.com

Photo

No.1/260, Arasamara Thottam, Arumuthampalayam, Arulpuram, TIRUPUR-641664.

ADMISSION FORM

Admission No		
Admission Seeking For Grade		
1. Name of the Student	EMIS No	
2. Date of Birth	Age	
3. Gender		
4. Nationality Religion		
5. AADHAR Card No		
6. Community	[BC/ M	BC/ SC/ ST/ FC]
7. Name of the Father / Guardian	Mother	
8. Occupation of the Father	Mother	
9. Monthly Income of Father	Mother	
10. Educational Qualification of Father	Mother	
11. Address for communication		
Contact Number		
E-Mail ID		
12. Previous School Studied		
13. Blood Group		
14. Sibling details		
15. Transport Facility YES NO		
16. Any medical history		
* Note : THE FEE IS NON REFUNDABLE IN ANY CIRCUMSTANCES		
DECLARATION BY THE PARENT OR GUARDIAN All the information in the given application are true to the best of my knowledge.		
Date:	10 2000 OF HIS KNOW	
	Signature of the P	arents / Guardian
Place : Signature of principal	Signature of the P	aremo / Gudruidh