

SVR Matriculation Higher Secondary School

(Sri Venkata Ramana Scholastic Trust)

Athani, Nochiyam (P.O), Mannachanallur – Tiruchirappalli Dist - 621 216.

Tel: 97154 88055, 97156 88055 / E-Mail:svrmatricschool@gmail.com / Website:www.svrmatricschool.com

o. No.:	:			APPLI	ICATIO	N FO	ORM					
				YEA	AR : 20 -	20					A	ffix
Class	s for which adm	ission is	sought :		A	dmn. No):				Pl	noto
				STU	JDENT DE	TAILS				L		
1.	Name of the	oupil (in b	olock lette	rs)	:							
2.	Sex : Male/Female											
3.	Date of Birth a) In Figures :											
	b) In words :											
4.	Age & Blood Group :											
5.	Mother Tongue :											
6.	Nationality and state :											
7.	Religion :											
8.	Community & Sub – Caste :											
											_	
					OC	ВС	MBC	OBC	BCM	SC	ST	SCA
9.	Class last stu	ıdied, Sc	hool last a	ittended	:							
10.												
11.	Medium of instruction : English / Tamil											
12.												
13.	Marks Score	d in X std		:								
Reg. No Tami		Tamil	English	Maths	Scie	nce	Socia	ı	Total	Per	centag	
14.	Groups Offer	red :										
		Part I	Part II		Da	rt III			Mac	lium Ta	mil / E	nalich

Group	Part I	Part II	Part III	Medium Tamil / English
Group - I	Tamil	English	Maths, Physics, Chemistry, Biology	
Group - II	Tamil	English	Maths, Physics, Chemistry, Computer Science	
Group - III	Tamil	English	Economics, Commerce, Accountancy, Business Maths	
Group - IV	Tamil	English	Economics, Commerce, Accountancy, Computer Science	

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Particulars of Parent	Father	Mother		Guardian				
Name								
Edu.Qualification								
Occupation								
Annual Income								
Permanent A	Address	3	Present Address					
Contact No :			Preferred Phone Number for school SMS :					
E-Mail :			Emergency Contact No. :					
PARTICULARS OF BROTHER /	SISTER							
Name								
Gender								
Date of Birth								
School & Class								
Other Information								
15. Transport Facility needed	l	: Yes	s / No Pla	ce :				
		Dis	tance from	School:	KM			
16. Any other Information		:						
Declaration by the Parent / Guardian								
I hereby declare that the entries made by me in the application form are completly true to the best of my								
knowledge and belief, based on records.								
Station :								
Date :			Sig	nature of the Fa	ather / Mother / Guardian			
FOR OFFICE USE ONLY								
1. Photo copy of Birth Certific	cate			Adn	nitted / Rejected			
2. Photo copy of Community	Certifica	ate						
3. Transfer Certificate - Origin	nal			Class :				
4. X Mark Sheet - Original				Sec :	Principal			