EBENEZER MAT. HR. SEC. SCHOOL

7TH Street, Housing Board Colony, Korattur, Chennai – 600 080, TAMIL NADU – INDIA

Ph –8754585126 / 8754585136 / 044 – 2687 0090 WhatsApp – 8825546730

SL NO :   Admission No :   Date :

Please attatch
a recent colour
photograph
of applicant.

EMIS NO: ……………………….....................

APPLICANT'S INFORMATION

Name of the Pupil in English ……………………………………………...………………………………
(In Capital Letters)

Name in Tamil ………………………………………………………………………………………….

Registered Date of Birth …………………………………Age……...………… Gender ……………………………

Nationality ……………… Religion ……….......…………Caste………… Mother Tongue …………………..

Residential Address ...……………………………………………………………………………………….

………

Pin Code ……………...…..   City …………………….State ………………………………………

ADMISSION INFORMATION :   Class for which admission is sought ……………...…………………....

Student's Aadhaar No ……………………………………………..Blood Group……....…………………..

PARENT'S INFORMATION

Father's Name (In capital letters) ………………………………………………………………………

In Tamil ……………………………….......………..Aadhaar No :...………….....……………………….

Nationality……........…………Office Name …………………….. Designation ……………….....………

Mobile No ...……………………….…………WhatsApp No…………………………………………………

E-Mail…………………………………………………..…..Annual Income…....…………...……………..

Mother's Name (In capital letters) ………………………………………………………………………….

In Tamil ……………………………….......………..Aadhaar No :...………….....……………………….

Nationality……....…..…..…….. Office Name ………….…......…… Designation…………………………

Mobile No   ……………………….......……….WhatsApp No………....………………………………….

E-Mail…………………………………………………..…..Annual Income…....…………...……………..

GUARDIAN'S INFORMATION

Guardian's Name (In capital letters) …………………………………………………………………………

In Tamil ………………………………………………………………………………………………………

Office Name ………………………………………….Designation……....………………………………

Relationship with the child ……………………………Mobile No……………………………

WhatsApp No………………………………………E-Mail……………………………………

Address…………………………………………………………………………………………

……………………………………………………………………………………………………

Pin Code ……….…… City ……….……………State ………………………………………

Medium of Instruction of the previous school ……………………………………………

Name and address of the previous school…………………………….………………………

……………………………………………………………………………………………………

Class Last Studied ……………………………………………………………………………

Whether qualified for the next class...……..……………

Whether brother or sister studying in this school If so, in which class? Mention their Name.

....

Whether vaccinated or not : Yes/No

Whether a course of Triple Antigen : Yes/No

Whether Polio Drops have been given? : Yes/No

Any other information you wish to give? : …………………………………………

CERTIFICATES

Sl No	Certificates	Whether Enclosed		Xerox / Original
		YES	NO	
1	Birth Certificate			
2	Community Certificate			
3	Aadhaar Card			
4	Transfer Certificate			

DECLARATION

I declare that all the information provided to the school regarding age/ health/ class, etc. pertaining to our ward is correct and I hereby promise to abide by all rules and regulations of the school in force, and those to be made from time to time.

Date: Signature of the Parent / Guardian

Selected For Class :

Principal