



V.K.M. VIDHYALAYA

Senior Secondary School (CBSE)



Affiliated to CBSE, New Delhi Managed by VARI EDUCATIONAL TRUST

Tindivanam - Pondy Highway, Omanthur, Tindivanam - 604 102

Ph: 88 7011 4503 / 88 7011 4504 vkavidhyalaya.vari@gmail.com www.vkmschools.com

Application No.	Date of Issue : / / 202
Admission No.	Date of Registration : / / 202
Applying for Class Academic year 202 - 202	
1. Name of the Child (in BLOCK letters as in Aadhaar / Birth Certificate)	
Affix recent passport size colour photograph	
2. Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
3. Age at the time of admission (Photo copy of the Birth Certificate to be attached)	Date of Birth : / / DATE MONTH YEAR
4. Name of the Parent : Father (As in Aadhaar / ID Proof)	Mother
5. Mother Tongue	
6. (a) Nationality (b) Religion (c) Category (✓ the relevant)	ST <input type="checkbox"/> SC <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>
7. (a) Permanent Address	
(b) Residential Address	
8. Would you avail transport provided by the school : Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Important Landmark near the residence :	
10. Distance from residence to the school :km. (Correct to one decimal place. Ensure accuracy by verification)	

ACKNOWLEDGEMENT

Name of the Child		Application No. :
Date of Birth (as in Birth Certificate)	/ / 20	
Date of receiving the Application	/ / 202	Receiver's Signature

11. Father's / Guardian's Name & Qualification :
Occupation :
Name of the Organisation & Designation :
Office Address :
..... Annual Income : Rs.
Mobile : Whatsapp :

12. Mother's / Guardian's Name & Qualification :
Occupation :
Name of the Organisation & Designation :
Office Address :
..... Annual Income : Rs.
Mobile : Whatsapp :

13. Is the Child specially abled?	If Yes, specify
14. Name of the school last studied	
15. Second Language (Std. I to X)	Tamil <input type="checkbox"/> Hindi <input type="checkbox"/>
Third Language (Std. I to VIII)	Tamil <input type="checkbox"/> Hindi <input type="checkbox"/>
16. Have you applied for any sibling in this School? If yes, indicate	Name : Class :
17. Blood Group	
18. Does the Child have any major ailment/allergy? If yes, specify	Yes <input type="checkbox"/> / No <input type="checkbox"/>
19. Referred by	
20. Any special information you want to include	

DECLARATION

I, the Parent (Father / Mother) of seeking admission in Class hereby solemnly declare that the information furnished above is absolutely true and that if found wrong at anytime after the admission during his/her stay in the School, I shall abide by the orders of the School for the withdrawal of my son/daughter without any plea or protest.

Station :

Date :

Signature of the Parent

Enclosures for Registration of Application

- (1) One passport size photograph (2) Photo copy of Birth Certificate
(3) Transfer Certificate (4) Photo copies of Aadhaar of the Child and both the Parents



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