

SOWNDEESWARI MIDDLE SCHOOL

(A unit of Bodi Senaithalaivar Community Trust, Reg. No. 273/2013)

No. :21, Santhai Pettai Street, Bodinayakanur

Student's Application Form for English Medium

Admission Required for LKG / UKG / I / II / III / IV / V / VI / VII / VIII



Note : Please use Capital letters only

Affix Photo of
Student

We,

and

wish to

admit our Son /Daughter whose particular are given below as a student of Sowndeeswari Middle School.

INFORMATION OF THE CHILD :

NAME	(In English)					
	(In Tamil)					
Gender	Date of Birth		Blood Group			
Male / Female						
Nationality	Religion		Caste			
Community	SC <input type="checkbox"/>	SC(A) <input type="checkbox"/>	MBC/DNC <input type="checkbox"/>	BC <input type="checkbox"/>	BC(M) <input type="checkbox"/>	OC <input type="checkbox"/>
Aadhar Number			EMIS Number			
Name of the School last studied and Standard						
Residential Address			Correspondence Address			

P.T.O.

Family Information : Father, Mother / Guardian

Name & Age		
Educational Qualification		
Occupation		
Annual Income		
Mobile No. & Email.ID		

MEDICAL HISTROY OF THE CHILD

Physically Challenged : Yes No (If Yes, Doctor Certificate has to be produced at the time of Admission)

VISION :

Any consultation with doctor done : Yes No

Use of Spectacles / Corrective Lenses : Yes No

DECLARATION

I, _____ wish to admit my child
 _____ into the school as parent/legal guardian, I
 undertake the responsibility of providing any evidence needed to support the information
 provided here, if otherwise, I shall abide by the rules and regulations of the school.

Date : _____

 (Signature of Parent / Guardian)

FOR OFFICE USE ONLY**PARTICULARS FOR SUBMISSION**

Description	Yes	No
Birth Certificate Copy		
Aadhar Card Copy		
Transfer Cerificate		
Blood Group Report		
Passport Size Photo 5 Copy		
Community Certificate Copy		

Class Admitted Details	
Admission No.	
Class Admitted	
Date	

Application Submitted on :

Signature of the Headmaster / Principal