APPLICATION FOR ADMISSION

SHAKTHI PUBLIC SCHOOL

(Run by Shakthi Education Trust)

Survey No. 167/2A, Murukkampattu Village, Tiruttani Taluk, Thiruvallur District, Tamil Nadu - 631213 e-mail : shakthipublicschool@yahoo.com, www.shakthipublicschool.com Ph: 044 - 27800094, 044 - 27800096, Mobile: 9597275843 Photo Application No. _____Admission No : _____ Date : _____ Date: Name of the Pupil (in Full Block Letters) Date of Birth 2. In Figures: (Certified Copy of Birth Certificate to In Words: be enclosed) Girl Gender: Boy INDIAN Nationality 3. State to which pupil belongs 4. 5. Caste and Religion Whether the pupil belongs to Scheduled 6. Caste / Tribe / B.C. / M.B.C. / O.C. Parent / Guardian (in case where 7. parents are not available locally) Mother: Father: a) Name in block letters b) Qualification c) Residential Address d) Office Address e) Telephone No. f) Mobile No. g) Occupation / Designation h) Monthly income Own: School Transport: i) Mode of Conveyance 🥦 i) Landmark Class for which admission is sought 8. Class last studied 9. Name of the School last attended 10. a) Medium of Instruction b) Whether a Central / State Recognized school or Private Institution c) Date of Leaving

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11.	Mother Tongue	
12.	Whether protected against small pox	SHAKTHI PUBLIC S
13.	Physical disabilities if any	THE RESERVE OF THE PARTY OF THE
14.	Name of brother or sister, if any of the pupil	SUIVEY NO 16772A MURANAMICES VI VIII ON 18071
	in this school and class in which studying	temporary and an interpretation of the second secon
15.	Certificate attached	
	i) Birth Certificate	
	ii) Transfer Certificate	anicologian No
	iii) Conduct Certificate	
-	iv) Nativity Certificate	SIBU SIBU
	v) Community Certificate	
	vi) Income Certificate	1. Name of the Pupit
I hereby declare that the particulars furnished in the application are correct. I also declare that the date of birth entered in this application is the correct date. I assure you that my son / daughter will strictly adhere to the rules and regulations of the school that are in force form time to time. I wish my child/ward to be brought up in accordance with the arrangement outlined therein. I clearly understand, that my child/ward is liable to dismissal for misconduct, habitual idleness, nonpayment of fees when due or any other reason which in the option of the school authorities render his continuance in the school undesirable. Date: Signature of the Parent FOR OFFICE USE ONLY		
Route: Stopping:		
		Fees Paid
Admi	t to:	trentina softo (b
		Receipt No.
		Date :
		ost enortgalis) (e
Date : Principal		ON BICOSE (I
Remarks		Class Teacher
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