SHAKTHI PUBLIC SCHOOL



Affliation No. 1930700
(AFFILIATED TO C.B.S.E., NEW DELHI)
NO. 167/2A-1, MURUKKAMPATTU VILLAGE,
TIRUTTANI TALUK, THIRUVALLUR DISTRICT - 631 209.

CELL: 9597275843 / 8940731242 email: info@shakthipublicschool.in

CLASS XI - APPLICATION FOR ADMISSION

STUDENT DETAI	LS:		The same
Name of the Student (as mentioned in the b	:irth certificate)		Photo
EMIS No. :			-,
Date of Birth			nicht gestraßt der
Gender:	Mother Tongue :	Aadhaar No :	Operator del
Nationality :		Religion :	helique (
Caste :	(SC/ST/C	GEN OBC)	
(Kindly Produce the su	pporting documents)		
Residential Address:			*eldeld
Name of siblings study	ring / studied in Shakthi Public S	School.	remember :
1	Std 2		Std
Class in which admiss	ion is sought :		
School Transport Requ	uired or Not :		
Distance from School	(in kms) :		-

FAMILY DETAILS: (Father / Mother / Guardian):

Father's Name :		
Educational Qualifications:		
Occupation	Designation :	
Name of the Organization :	Annual Income :	Photo
Pan No.	Aadhaar No	
Tel No: (Off)	Res:	of Lamberto Bes
Mobile :	E-mail :	,
Mathada Nama		
Mother's Name .		
Educational Qualifications :		
Occupation	Designation :	- A TELOCHET
Name of the Organization:	Annual Income :	Photo
Pan No.	Aadhaar No	
Tel No: (Off)	Res :	
Mobile :	E-mail :	
Guardian's Name :		
Educational Qualifications :		
Occupation	Designation :	anders val
Name of the Organization :	Annual Income :	Photo
Pan No.	Aadhaar No	an programme of the second
Tel No: (Off)	Res:	
Mobile :	E-mail :	

ACADEMIC DETAILS :

Name (s) of the school attended and the percentage of marks obtained

Name of the School (City / Country)	Class	Åcademic year	% of marks
Charles and the control of the second designation	IX		
	х		

COURSES	OFFERED	ARE:

Compulsory Language: English

Science Stream:

Group A: Physics, Chemistry, Mathematics, Computer Science, Biology

Commerce Stream:

Group B: Business Studies, Accountancy, Computer Science, Economics, Mathematics

PERSONALITY AND HEALTH

Please provide details of any specia	al aspects of your child's personality:
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Please provide information of your child has any health problem requiring special attention

DECLARATION

I do hereby declare that the above information provided by me is complete and correct to the best of my knowledge and belief. I understand that rendering incorrect information shall disqualify the applicant for admission to the school. I have carefully read the rules and regulations laid by the school and being desirous of having my ward educated in SHAKTHI PUBLIC SCHOOL. I hereby agree to abide by them in all respects, I understand that the decision of the management of the school shall be final. I hereby certify that my ward and I shall follow all the rules and regulations enforced from time to time by the school management.

Date:	Place:	
Signature of Father:	Mother:	Guardian :
Admission In Charge Enclosures		Principal
(Monday to Friday) on or b	e candidate belongs to r card. chotograph in the space from should be submorefore on does not ensure a ses only.	e allotted in application. hitted between 9.00 am to 4.00 pm
	For Office Use	Only
Application received on :	A	dmission Date :
Registration No. :	R	eceipt No :
Application No :	SI	tudent ID No :

Please check school website for updates : www.shakthipublicschool.in