

Application No. :

Date of Issue :



JEI MATHAAJEE Sr. Sec. SCHOOL

AFFILIATED TO CBSE, NEW DELHI. CBSE AFFILIATION NO: 1930855
DSE, CHENNAI. RECOGNITION CODE: 12-S-0031-0518 R.C.No.44108/G1/S2/2017

Kanchipuram to Arakkonam, Kooram Gate, Vishankandikuppam Village,
Siruvakkam-Post, Kanchipuram TK & DT, Tamil Nadu-631 552.

Ph: 9585812666. E-Mail: jeimathaajeeecbse@gmail.com, Website: www.jmcbose.com

Application No. :

Year : 20 - 20

RECENTLY
TAKEN PHOTO
WITH CURRENT
DATE
MENTIONED
ON IT

APPLICATION FOR ADMISSION

PLEASE FILL IN CAPITAL LETTERS

Admission No. :

1. Name of the Pupil : (Initial at the back)										
2. Sex :	Male / Female / Trans Gender									
3. Date of Birth :	(DD/MM/YYYY) □□/□□/□□□□									
4. (i) Religion : (ii) Nationality : (iii) State : (This information is required only for Statistical purpose)										
5. Community : (Tick whichever is applicable)	<input type="checkbox"/> BC <input type="checkbox"/> MBC <input type="checkbox"/> DNC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> EWS <input type="checkbox"/> BCM <input type="checkbox"/> OTHERS (Please Specify)									
6. Mother Tongue :										
7. Class to which Admission is sought :										
8. Second Language :	Tamil									
9. Details of Parents :										
	DETAILS	FATHER	MOTHER	GUARDIAN						
	Name :									
	Educational Qualification :									
	Occupation :									
	Name of the Organisation :									
	Residential Address :									
	Office Address :									
	Annual Income :									
	Contact Number & Email :									
10. Aadhar Card Number of the Child :										
11. Class last studied and Year :										
12. Name of the School last studied with Address :										
13. Whether the School last studied is recognized	CBSE <input type="checkbox"/>		ICSE <input type="checkbox"/>		IB <input type="checkbox"/>					
	State Board <input type="checkbox"/>		Any Other <input type="checkbox"/>							
14. Does the pupil have any major ailment / allergy :	Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes specify :					
15. Is the pupil physically challenged?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		(If yes, Medical Certificate issued by govt. to be enclosed)					

16. RESULT OF LAST CLASS :

SUJBECT	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS	REMARKS

17. TRANSFER CERTIFICATE DETAILS :

Transfer Certificate No. :

Date of Issue :

EMIS No. : (IF APPLICABLE)

18. DETAILS OF SIBLINGS (if any)

NAME	Brother / Sister	Age	School Studying in

- NOTE : 1. Incomplete forms will be rejected
 2. All Fields are mandatory
 3. Aadhar Photocopy must be submitted within 3 months

Declaration :

I hereby declare that the above information including Name of the Candidate, Father's / Guardian's Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date :

Place :

Signature of the Mother

Signature of the Father / Guardian

For Office Use only

Whether the following certificates are received :

S.No.	Certificates	Original	Photocopy
1.	Birth Certificate	—	
2.	Community Certificate	—	
3.	Aadhar Card of the Child	—	
4.	Transfer Certificate		—

Staff in charge for scrutinizing the application : Name :

Signature :

Admission is given to standard

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no. on dated.

Signature of the Office Staff

(Verified by)

Date :

Signature of the Principal

* In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.