

ST. JOSEPHS MAT. HR. SEC. SCHOOL

NO: 22, Muthukumaran Nagar, Joseph Town, Poonamallee, Chennai - 600 056

APPLICATION FOR ADMISSION

STD. XI - XII																
			Acade	mic	Year	20	-	20)							
1.	NAME OF THE PUPIL (in Block Letters)	: [
2.	NAME OF THE PUPIL i	n T	AMIL:													
3.	EMIS No.	:														
			DD	M	M	YY							Af	fix		
4.	DATE OF BIRTH	:					A.					pk	ioto	hei	re	
5.	AGE	<i>:</i>							Yr							
6.	SEX	:	M F													
7.	NATIONALITY	:														
8.	SATE STATE	:														
9.	CASTE	:														
10	. COMMUNITY	:	ОС	ВС	MBC	SC	S	т	SS	BCI	М					
11	. RELIGION	:														
12	ROMAN CATHOLIC	:	YES		NO											
13	. MOTHER TONGUE	:														
14	. BLOODGROUP	:														
13	3. Previous school and clas	s at	tended l	oy pup	oil											
14	14. Admission of the class seeking															
15	15. Second Language															
16	16.Optional Group (Only for +1)								19							
i)								1.								
ii)								2.								
iii	ii) Economics, Commerce, Accountancy, Computer App.							3.								
iv	iv) Economics, Commerce, Accountancy, Busi. Maths							4.								
V)	v) Commerce, Accountancy, Computer App., Auditing							5.								
vi	i) Maths, Computer Tech., Basic Mechanical Theory & Practical							6.								

17. DETAILS OF THE PARENT:

DETAIL	FATHER	MOTHER
a) Name	-	
b) Occupation	line.	
c) Monthly Income	2	
d) Address : Residence	Office :	Office:
Phone No.:	Phone No. :	Phone No. :
Email:	Email:	Email :

NOTE:

- 1. Transfer certificate from the previous school studied should be surrendered in original at the time of admission
- 2. This form must be signed by Father and Mother. In case the parents are not capable for endorsing the application, the Guardian must undertake the responsibility.
- 3. Attested xerox copy of Birth, Aadhar Card and Community certificate must be produced at the time of submission of application form

PARENTS / GUARDIAN DECLARATION

I hereby declare that the above entries are correct to the best of my knowledge and

I undertake to abide by the rules of the school

I declare that I will not ask for a change in date of birth in the future.

Place:	
-74	
Date of Submission	:

Signa	ture	of Fa	ther
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Signature of Mother / Guardian

OFFICE USE

Master / Miss /	Baby	has been granted admission in
Std / class	Group	On

Office Staff