

**Dr.G.S.KALYANASUNDARAM MEMORIAL SCHOOL**

Senior Secondary - CBSE Affiliation No.1930223
 Patteeswaram Road, Chozhan Maligai 612 703
 Kumbakonam Taluk, Thanjavur Dist, 0435 2417691/692

(Founded and Managed by GKR Foundation)**REGISTRATION FOR ADMISSION 2016-17**

Instruction: Please complete the application as accurately as possible and write legibly in Capital Letters

Regn. No.	
Date of Issue	
Class	
Signature	
Date of Receipt	
Signature	

Name of Pupil <input type="text"/>	Date of Birth <input type="text"/>	Age <input type="text"/>	Affix a recent passport size Photo	
Place of Birth <input type="text"/>	Nationality <input type="text"/>	Religion <input type="text"/>		
Caste(✓) (for statistics purpose only)	<input type="checkbox"/> FC <input type="checkbox"/> BC <input type="checkbox"/> MBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others <input type="checkbox"/>			Sex (✓) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Mother Tongue <input type="text"/>	Other Languages known <input type="text"/>			

PARTICULARS	FATHER	MOTHER
Name		
Qualification		
Occupation		
Employer		
Business/ Office Address		
Transferable job (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Income		
Mobile and Telephone		
Email ID		

Residential Address			
	Telephone:	Mobile:	
Do you require School Transport (✓)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Distance between your residence and the school(km)			
Second Language	TAMIL <input type="checkbox"/>		
How did you come to know about the School?	Through Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> I am the parent of the School <input type="checkbox"/>		
Reason for your preference of this school			
Are you applying under RTE? (✓)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Own Brother/Sister, if any, studying in this school	Name	Std	Relationship
	1.		
	2.		

I Mr./ Mrs _____, Father/Mother/Guardian of the ward seeking admission, certify that information furnished above is complete and correct to the best of my knowledge.

I also certify that I have carefully gone through the School's instructions given to me along with this form and they are acceptable to me.

Signature

Father Name: _____

Mother Name: _____

Date:.....

(Name in Block Letters)