

ADMISSION FORM



JAIRAM VIDYA BHAVAN MATRICULATION HIGHER SECONDARY SCHOOL

Salem By Pass Road, NH-7, Near Mahamariamman Temple, L.N.S. (Po), Karur - 2.
Mob : 77080 61499, 87540 42199, 99524 10239

JAIRAMS EDUCATIONAL TRUST

FOR OFFICE USE		Checked By	Principal's Signature
Admission Number :			
Register Number :			
Date of Admission :			

Affix
Passport
Size
Photo

(To be filled in by the Parent / Guardian in BLOCK LETTERS)

1. Name of the Pupil :

2. Sex :

3. Date of birth : Completed Age

4. Religion : Caste

5. Community :

SC	ST	BC	MBC	OC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(for statistical purpose only)

6. Standard to which admission is sought :

7. Name of the School last studied :

8. Medium of instruction :

9. Particulars of the parents

	NAME	OCCUPATION	EDUCATIONAL QUALIFICATION
FATHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Address for Communication

PIN

Phone No. : (R) (O) Mobile

11. Do you require School Transport?

12. Medical Complaints if any (Give details)

I abide with the Rules and Regulations of the School and I note that the fees once paid to the school is not refundable under any circumstances.

Date :

Signature of the Parent / Guardian