



VAIGAI MATRI HR. SEC. SCHOOL

196, Salem Main Road,
Muthampatty PO, Valapady TK,
Salem – 636 111.

Phone No: 04292 230 411, 230441. E-Mail Id: info@vaigaiinstitutions.com

Application for Admission

For Office use Only

S.No :

Class Admitted	Date of Admission	Admission Number

1. Name of the Student :
(in BLOCK Letters)

2. Sex :

3. Date of Birth :

Date		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Copy of Proof of Age to be enclosed)

4. Age as on 31 July :

5. Place of birth :

6 i. Nationality & Religion :

ii. Community :

ii. Division : SC / ST / MBC / BC / OC

7. Mother Tongue :

8. a. Name of the Parent :
Father/Guardian

b. Father's Occupation :

c. Name of the Mother :

d. Mother's Occupation :

9. Residential Address & Telephone No.:

10. Details of previous study, if any

- a. Std. :
- b. Medium of instruction :
- c. School :
- d. Whether promoted or not :
- e. Reason for leaving the school :
- f. Language Studied :

11. Whether Hindi Education is required :

12. Health Information

- a. Has the child been vaccinated? :
- b. History of the child's previous illness if any _____

13. Whether transport facility is required :

14. Whether Hostel facility is required :

I hereby declare that details given in this application are true to the best of my knowledge and I have read the rules and regulations of the Vaigai Matriculation School and fully agree to abide by them.

STATION :

DATE :

SIGNATURE OF THE PARENT/ GUARDIAN

FOR OFFICE USE ONLY

Admission No. :

Date of Admission :

Class to which the pupil is admitted :

PRINCIPAL