SONA VALLIAPPA PUBLIC SCHOOL

(Nurturing Young Minds with Innovation!)

Sona Nagar, Junction Main Road, Salem - 636 005

APPLICATION FORM FOR ADMISSION

				Application	n No:
I. Student Details :					
Name of the Student (as mentioned in the birth certificate)	:				Passport size photo of the Child
Date of Birth	:				
Age as on (1 st June 20)	: Years:_	Mor	nths:	Blood G	roup:
Gender: Mother Ton	ngue :	Place	e of Birth:		
Nationality : Aa	dhar No :				
Religion: (Hindu / Muslim/Christian/Others (Name of the community: (ST/SC/SC(A)/MBC/DNC/BC(M)/BC					
Sub-Caste:	_				
SI. No. of the community Certificate	e:				
Residential Address:		Office Add	dress:		
		-			
Class for which admission is sought	t :				
Is school transport required?	:	☐ Yes	☐ No		

Name of the school previously : studied		
Family Details :		
II. Father's Name :		
Educational Qualifications: :		
Occupation:	-	
Designation:	_	Passport size photo of the
Name of the organization:	_	Father
Annual Income:	_	
PAN No	_ Aadhar No	
Mobile:	Email :	
III. Mother's Name:		
Educational Qualifications :		
Occupation:	-	
Designation:	-	Passport size photo of the Mother
Name of the organization:	_	iviotiler
Annual Income:	_	
PAN No	Aadhar No	
Mobile :	_	
V. Mention if there is any of your relatives stu	died/studying in S	Sona Group of Institutions
Yes No		
If yes, Name of the Institution: □ TPT		
ivaline of the institution: \square TPT	□ SCT	□ SAS

VI. Declaration:					
I do hereby declare that the above inform	ation provided by me is complete and	correct to the best			
of my knowledge and belief. I hereby agree	e to abide by the rules and regulations o	of the school.			
Signature					
Father:					
Date:	Place:				
VII. Enclosures:					
Attested copies of the following ce	rtificates should be enclosed at the tim	e of admission.			
Student	Parent				
(a) Birth Certificate	(a) Pan card				
(b) Report Card (If any) (c) Aadhar Card	(b) Aadhar card				
(d) Community Certificate					
(e) 2 copies of passport size ph	hoto				
	<u> </u>	For office use only			
Approv	val of the Principal				
Admit in					
Special Instructions (If any)					
		PRINCIPAL			
Fees Remittance particulars:					
Fees remitted vide Receipt No	Cashier:				
Attested copies of the certificates recei	ved:				
1.					
2.					
3.					

V. Health Details:

4.

Signature of the Principal / Staff Incharge

To pay special attention, kindly mention if your child has any health issues: