

SRI RAMAKRISHNA MISSION VIDYALAYA SWAMI SHIVANANDA NURSERY AND PRIMARY SCHOOL (EM), COIMBATORE-20**FOR OFFICE REFERENCE**

Application No. : _____
Applicant Name : _____ Gender: Male / Female
Parent / Guardian Name : _____
Address : _____
Pincode: _____
Telephone / Mobile No. : _____

CLASS**SCHOOL LAST STUDIED****Sri Ramakrishna Mission Vidyalaya
Swami Shivananda Nursery and Primary School****English Medium (Co-Education)**

Sri Ramakrishna Vidyalaya Post, Coimbatore - 641 020

Phone: 80125 75339, 8012533911, E-mail: srkv.ssnp@gmail.com Website: www.srmvsshss.org

Session : 20 - 20

APPLICATION FOR ADMISSION FROM LKG TO V STD.

Admission No.	_____	Application Number	_____
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FOR OFFICE USE ONLY

Admission No.	Admit in _____ EMIS NO: _____	Headmaster/Headmistress
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1. Student Personal Information

Name of the student (In English) _____
(In Tamil) _____

Adhaar No: _____ Gender : Male / Female

Date of Birth :

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 (As in Transfer Certificate) Blood Group: _____Religion : _____ Community: _____ Mother Tongue: _____
(Enclose a Xerox copy of the Community Certificate)

Disability Group: (in case) : VI / HI / LD

2. Family Information & Communication Details:

Father's Name: (In English) _____ (In Tamil) _____

Father's Qualification: _____ Father's Occupation _____

Mother's Name: (In English) _____ (In Tamil) _____

Mother's Qualification: _____ Mother's Occupation _____

Guardian's Name: (In English) _____ (In Tamil) _____

Contact No. 1: _____ Contact No. 2 : _____

Whats App No: _____ Mail Id: _____

3. **Address Details:**

Residential Address : _____

_____ Pincode: _____ Ph.No: _____

Office Address: _____

_____ Pincode: _____ Ph.No: _____

Guardian's Address: _____

_____ Pincode: _____ Ph.No: _____

4. **Covid – 19 Vaccination Details:**

	Dose - 1	Dose - 2
Father		
Mother		

5. Class last studied : _____

6. Name of the School last attended & Medium : _____

7. Whether T.C. is Attached : Yes / No.

8. Need Transport Facility : Yes / No

(If yes, please mention the following):

Pick - up Area: _____

Drop Area : _____

Declaration

All the above mentioned particulars are true to the best of my knowledge and also my Son / Daughter had not studied in any other school except the above mentioned school.

I will never claim any sort of corrections or changes in the name of my Son / Daughter, Father, Mother, Guardian and the date of birth.

Date :

Signature of the Parent / Guardian

Signature of the Applicant