



DHARANI MATRICULATION HIGHER SECONDARY SCHOOL

Dharani Nagar, Vasudevanallur - 627 760,
Tirunelveli District. Phone : 04636 - 241579
(A unit of PGP Educational and Welfare Society)



APPLICATION FOR ADMISSION

1.	Name of the Student (In Capital Letters)	Tamil			
		English			
2.	Date of Birth (as per mark statement)				
3.	Age				
4.	Nationality				
5.	Sex	Male		Female	
6.	Community				
7.	Caste				
8.	Religion				
9.	Mother Tongue				
10.	State				
11.	Whether living with Parent or Guardian				
12.	a) Name of the Parent				
	b) Occupation				
	c) Full address with contact number				
13.	a) Name of the Guardian				
	b) Occupation				
	c) Full address with contact number				
14.	Name of the School last studied and Medium				
15.	Whether Transfer Certificate is attached				

16. Whether Birth certificate is attached

Yes :

No :

17. Class for which admission is sought :

18. Protection from small-pox whether vaccinated :

DECLARATION

I hereby declare that the statement above is correct and true to my knowledge and I also declare that I shall abide by the rules and regulations of the institution.

Signature of the Student

Signature of the Parent / Guardian

Station :

Date :

Principal's Admission order :

Admit in std

FOR OFFICE USE

1. Name of the Student	:	
2. Admission Number	:	
3. Admission Date	:	
4. Std. & Section	:	
5. Signature of the Clerk	:	