

## **SAMADH HIGHER SECONDARY SCHOOL**

(A Unit of Majlis - UI - Ulama)

(Affiliated to the Central Board of Secondary Education, Delhi) CBSE / AFF / EX / - 00205 - 0910 / 1930060 / 2010 / 216450

KHAJA NAGAR, TRICHY - 620 020.

E-mail ID: samadhschool1964@gmail.com Ph: 0431 - 2420925, 2424355

	APPL	LICATION FORM
Adı	mission No. :	Photo
1.	Name of the Student :(in Block Letters)	
2.	AADHAAR No.	
3.	EMIS No	
4.	Admission Sought for Class	:
5.	Age and Date of Birth (As per Birth Certificate)	:Yrs
6.	Sex (Put a Tick mark)	: Male Female
7.	Nationality	: (Indian / Other)
8.	Religion	:
9.	Caste (As per Community Certificate)	:BC SC ST OC MBC
10.	Name and Place of School previously	Studied :
	(As per T.C.)	
11.	Father's / Guardian's Name	:
	Occupation	:
12.	Monthly Income	:
13.	Mother's Name	:
14.	Address for Correspondence	:
		:
		:
	Phone No.	Mobile No.
	E mail ID:	

	:	
16. Mother Tongue	:	
17. Second Language Desired	: TAMIL/HINDI/ARABIC	(Tic the desired Language)
18. Third Language Desired	: TAMIL/HINDI/ARABIC	(Tic the desired Language)
19. Enclosed Certificates	:	
(i) Marks Sheet or grade sheet o	of the Previous School	YES/NO
(ii) Transfer Certificate / School	Leaving Certificate (in Original)	YES/NO
(iii) Birth Certificate		YES/NO
(iv) Community Certificate		YES/NO
(v) Aadhaar Card		YES/NO
Date :	Signa	ature of the Parent or Guardian
Date :	OFFICE USE ONLY	ature of the Parent or Guardian
	OFFICE USE ONLY Age a	s on Date :
Date :  ADMISSION No. :  Admit in STD :	OFFICE USE ONLY Age a	s on Date :
ADMISSION No. :	OFFICE USE ONLY Age a	s on Date :