



# Vedanikethan Matriculation Hr. Sec. School

# 23/1, V.C.Ramalingam Street, Arcot 632 503.

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Phone No: 04172 - 234424, 234425

## APPLICATION FORM

Name of the Student : \_\_\_\_\_

Admission required for : \_\_\_\_\_ Class

Date of Birth : \_\_\_\_\_

Gender : \_\_\_\_\_

Name of the Father : \_\_\_\_\_

Name of the Mother : \_\_\_\_\_

Nationality : \_\_\_\_\_

Religion : \_\_\_\_\_

Community: : SCA SC/ST MBC BC BCM GEN

Mother Tongue : \_\_\_\_\_

Details of Parent : \_\_\_\_\_

Name of the Mother:	Name of the Father:
Educational Qualification:	Educational Qualification:
Occupation:	Occupation:
Annual Income:	Annual Income:
Contact Number	Contact Number:

Residential Address : \_\_\_\_\_

Transport Required : Required ☐ / Not required ☐

If Required Bus Stop : \_\_\_\_\_

Class Previously Studied : \_\_\_\_\_

School Previously Studied : \_\_\_\_\_

### c. ENCLOSURES (All documents are mandatory at the time of admission)

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate                                    | <input type="checkbox"/> Vaccination Card Copy     |
| <input type="checkbox"/> Transfer Certificate - original copy (if applicable) | <input type="checkbox"/> Blood Group Report        |
| <input type="checkbox"/> Passport size photos of child (5 copies)             | <input type="checkbox"/> Aadhar card copy of child |
| <input type="checkbox"/> Copies of progress report cards for the last 3 years | <input type="checkbox"/> Community Certificates    |