



SR SCHOOL OF EXCELLENCE

1-4-33, Aanaikulam Road, Surandai - 627 859.

REGISTRATION FORM

Recent Coloured Photograph of the Student

Class :

Full Name of the Student:
(In Capital Letter)

Date Of Birth : Place of Birth _____

Sex : Male Female

Vaccinated : Yes No Blood Group

Identification Marks : 1. _____
2. _____

Nationality : Mother Tongue

Religion / Caste :

Category : OC OBC MBC SC/ST Others _____

Aadhar Number : Emis No.: _____

Father's Name :

Mother's Name :

Father's Occupation : Aadhar No.:

Mother's Occupation : Aadhar No.:

Permanent Address :

 P I N C O D E

Telephone No : Code Office Residence

Mobile No : (F) (M)

Email Address :

Address for Communication :

 P I N C O D E

Parent's Annual Income : Rs.

Mode of Transport : School vehicle Own Vehicle (Parent should be accompanied)

School Last Attended (if any) : Yes No

If Yes,

Name of the School & Place	Curriculum / Board	Class	Percentage of Marks

Details of sibling

Name	Class	Name of the School

Declaration

- ❖ I certify that the information given above is true.
- ❖ **Fee will not be refunded or adjusted at any circumstances**

I undertake to abide by the rules and regulations at present and those framed and enforced by the management from time to time.

Signature of Parent/Guardian

Dated

Name

For Office Use

CHECK LIST

Certificates	Whether enclosed		Photocopy	Original Copy
1. Aadhar Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2. Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4. Mark Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5. Community Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6. Any other enclosures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
(If, Yes, Specify)				

Registration Number :

Date :

Admission to Class :

Date of Admission :

Checked by

Head of the Institution