



Dr.G.S.KALYANASUNDARAM MEMORIAL SCHOOL

APPLICATION FOR ADMISSION 2020 - 2021

Application No : ME2021

Admission No :

Class :

Signature :

Instruction: Please complete the form as accurately as possible and write legibly in Capital Letters

Name of Pupil Date of Birth Age

Place of Birth Nationality Religion

Caste(✓) FC BC MBC SC ST Others Sex (✓) Male Female

(for statistics purpose only)

Mother Tongue Other Languages known

To write

To speak

Height Weight Blood Group

Aadhar Number

EMIS Number

Affix
Passport Size
Photograph

PARTICULARS	FATHER	MOTHER
Name		
Qualification		
Occupation		
Employer		
Business/ Office Address		
Transferable job(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Income		
Telephone		
Mobile		
E-mail ID (If not kindly create)		
Would like to volunteer in School activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Founded & Managed by


GKR
Foundation

Residential Address	
Please specify the Android mobile number with Internet connection to which official communication from School (MMS) to be sent	
Do you require School Transport (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance between your residence and the School(Km)	
Second Language (✓)	Tamil <input type="checkbox"/> Hindi <input type="checkbox"/> Sanskrit <input type="checkbox"/>
How did you come to know about the School?	Advertisement <input type="checkbox"/> Through Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> I am the Parent of the School <input type="checkbox"/>
Reason for your preference of this School	
Are you applying under RTE? (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of Siblings:

Own Brother/ Sister,
if any, studying in this School

	Name	Class	Relationship
1.			
2.			

Details of medical history of the student:

History of serious illness in the past, if any		
Does the Child have any identified allergies (Give details)		
Physical defect if any (✓)	<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Orthopaedic	
Has the child been inoculated/ Vaccinated? (✓)	<input type="checkbox"/> Triple Antigen <input type="checkbox"/> Polio <input type="checkbox"/> BCG <input type="checkbox"/> Cholera <input type="checkbox"/> Small Pox <input type="checkbox"/> Typhoid <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B	
Address of Family Doctor if any & Phone Number		
*Rights on child(✓)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Name(s) of the relatives & guardians permitted by the parents to visit their wards at campus. No other visitors will be permitted.	Guardian	Relationship

* (Please note that the Right on child indicates to whom the rights of relationship with Candidate is legally observed)

Record of previous schooling (If applicable)

Name & Address of the School last attended	
Curriculum followed(State Board / CBSE / ICSE / IB)	
Class last attended	
Medium of instruction	

Special talent (mention if any)

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic achievement | <input type="checkbox"/> Sports | <input type="checkbox"/> Olympiad |
| <input type="checkbox"/> Visual Art | <input type="checkbox"/> Performing Art | <input type="checkbox"/> Participation in National/
International competition |

Details :

Reason for withdrawal from present School :

I Mr./Mrs _____ Father/Mother/Guardian of the ward seeking admission, certify that information furnished above is complete and correct to the best of my knowledge.

I also certify that I have carefully gone through the School's instructions given to me along with this form and they are acceptable to me.

Date: _____

Signature: _____

(Name in Block letters)

CHECKLIST

S.No	Documents to be provided	Remarks
1	Passport size photographs (2)	
2	Copy of Birth certificate	
3	Address Proof (Ration card/ Aadhar card/ Voter ID/Passport/ Pan card)	
4	Copy of Community Certificate	
5	Parents/ Guardian Photo	
6	Copy of progress report (If applicable)	
7	Letter of undertaking if needed (for conditional admission)	

(For office use only)

Regn.No: _____

Date of Registration: _____

Date of Admission: _____

Admission Number: _____

Date of joining (reporting) the School: _____

Principal's Authorised Signature for Admission: _____



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