



VELS VIDYASHRAM Senior Secondary School



THALAMBUR

Affiliated to the CBSE, New Delhi
A unit of Vels Group of Institutions

Adjacent to Sri Venkateswara Dental College Campus, Old Mahabalipuram Road,
(IT Highway), Thalambur, Chennai - 600 130.

For Details Contact : 74016 51975 / 74016 57975 / 98844 84490
Email - velsvidyashram.thalambur@gmail.com Web - www.velsvidyashram.ac.in

APPLICATION FOR ADMISSION

Academic Year: 20 - 20

Application No: _____ Date of Issue _____ :

Class to which admission is sought: _____ Date of Submission _____ :

DETAILS OF THE STUDENT

1. Name (IN CAPITAL LETTERS) : _____
(To be written as specified in the birth certificate)
2. Gender : Male / Female
3. Date of Birth (DD/MM/YYYY) & Age : _____
4. Blood Group : _____
5. Identification Marks : 1 _____
: 2 _____
6. Nationality : Indian / NRI / Foreigner
7. Religion : Hindu / Muslim / Christian / Others
8. Community : SC / ST / MBC / BC / OC
9. Caste : _____
10. Mother Tongue : _____
11. Aadhar No. : _____
12. EMIS No : _____
13. Any extraordinary talent of the student, Please specify :

14. Is the child differently abled? (If yes, specify) : Yes / No _____
15. Has the child undergone immunization : Yes / No

16. Has the child undergone any surgery? If so give details:

17. Prolonged illness, (like Allergy, Primary Complex, Hearing / Visual defects, breath disorder) to the Child or any other health related problem needs attention constantly (please specify to help the child in case of emergency)

18. Class last attended : _____

19. Medium of instruction : _____

20. Name & Place of the school last studied : _____

21. Name of the Board last studied : _____

22. Whether qualified for promotion : _____
(Attach copy of Mark sheet of the class last attended)

23. Reason for withdrawal from the school : _____

24. Transfer Certificate No. & date : _____

25. Name of the brother / sister studying in this school (Only direct relation)

a. Name _____ Class _____ Sec. _____

b. Name _____ Class _____ Sec. _____

(specify the branch) _____

26. In case of staff (Mother / Father) child, write the name of the parent working in VELS GROUP OF INSTITUTIONS

Parent Name : _____ Designation _____

Institution Name : _____

27. II Language - (From class I onwards) : Tamil / Hindi

28. III Language (From class VI to VIII) : Hindi / Tamil

(In case of Tamil II Lang - Hindi to be opted and

In case of Hindi II Lang - Tamil to be opted)

29. Mode of Transport : _____

[School Van, Private Van, Parent pickup, Cycle, Private Auto, Public Transport]

S.No.	Particulars	Father / Guardian	Mother / Guardian
1	Name		
2	Educational Qualification		
3	Occupation (Pvt. / Govt. / Business / Others)		
4	Name of the Organization		
5	Designation		
6	Annual Income		
7	Official / Business Address & Ph. No.		
8	Emergency Phone No (Land Line / Mobile)		

9 E – Mail ID : _____

10 Permanent Residential Address & Ph.No. : _____

11 Temporary Residential Address & Ph.No. : _____

GENERAL DETAILS

12	<p>If divorcee, the single parent responsible for the child (enclose the copy of the court verdict):</p> <p>Mother / Father : _____</p>												
13	<p>Areas in which you wish to volunteer to enrich students school life (please tick):</p> <table> <tbody> <tr> <td><input type="checkbox"/></td> <td>Cultural</td> <td><input type="checkbox"/></td> <td>Medical</td> <td><input type="checkbox"/></td> <td>Media</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sports</td> <td><input type="checkbox"/></td> <td>Academic</td> <td><input type="checkbox"/></td> <td>Others (Specify) _____</td> </tr> </tbody> </table>	<input type="checkbox"/>	Cultural	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Media	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Academic	<input type="checkbox"/>	Others (Specify) _____
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<input type="checkbox"/>	Sports	<input type="checkbox"/>	Academic	<input type="checkbox"/>	Others (Specify) _____								

GROUPS OFFERED **(For Class XI & XII)**

Indicate the preference by ticking the appropriate group:

- | | | |
|-----------------|--|--------------------------|
| 1. First Group | : English Core (Compulsory)
Mathematics, Physics, Chemistry, Biology | <input type="checkbox"/> |
| 2. Second Group | : English Core (Compulsory)
Mathematics, Physics, Chemistry, Information practices | <input type="checkbox"/> |
| 3. Third Group | : English Core (Compulsory)
Business Studies, Accountancy, Economics, Mathematics | <input type="checkbox"/> |
| 4. Fourth Group | : English Core (Compulsory)
Business Studies, Accountancy, Economics, Information practices | <input type="checkbox"/> |

Note: Physical Education is a compulsory additional subject for all the above groups.

DECLARATION

I, the parent (Father / Mother / Guardian) of _____ seeking admission for him / her to class _____ hereby solemnly declare that the information furnished above is absolutely true and that if found wrong at any time, the admission during his/her study in the school, I shall abide by the orders of the school for withdrawal of my son/daughter without any plea or protest.

Date:

Place:

Signature of the Parent / Guardian

Documents to be provided at the time of submission

Note: I

1. Xerox copy of the Birth Certificate & Community certificate
2. Xerox copy of the residence proof
3. Xerox copy of Aadhar card
4. Registration Number and Progress report of Class IX / XI for admission to class X / XII
5. Copy of the Grade / Marksheet (for the admission to class XI) and Promotion card of class last studies.
6. Health record issued by the previous school studies
7. After confirmation of admission, students from class I onwards must submit their original TRANSFER CERTIFICATE (previous school) to the respective class teacher, on the reopening day.

Note: II

1. Forms with false / incomplete information will not be considered.
2. THE ISSUE OF APPLICATION FORM DOES NOT GUARANTEE ADMISSION.

Verified by
Office In charge

PRINCIPAL