# **Application No:**



### HAYAGIRIVAR PUBLIC HIGHER SECONDARY SCHOOL

(Bhavani Ammal Educational Trust)
Mathikrishnapuram, Puducherry – 607402

Ph: 0413-2615273, 2615115 Cell: 94432 46707

Approved by Govt. of Puducherry / Reg. No: 1510/DSE/HSW/AC/A-1/2021-2022

**Photo** 

### APPLICATION FORM FOR HIGHER SECONDARY

1. Name of the Student (In Block Letters)	:
Name in Tamil	:
2. Gender	: Boy Girl
3. Date of Birth	:
	: Age as on July 31st
4. (a) Community	:
(b) Caste	: OC / OBC / BC / MBC / EBC / SC / ST
5. Nationality	:
6. Religion	:
7. Blood Group	:
8. Physical Disability if any	:
9. (a) Name of the Father / Guardian	:
(b) Name of the Mother	:
10. Father Occupation:	Mother Occupation:
11. Annual Income	: RsIn words
12. Student Aadhar Card No	
13. Class of Admission Sought for	:in words
14. Name and Address of the School last Studied	E
15. Course Applied (Put a tick mark)	: 1. Physics, Chemistry, Maths, Biology.
	2. Physics, Chemistry, Maths, Comp. Science.
	3. Physics, Chemistry, Biology, Comp.Sci.
	4. Physics, Chemistry, Botony, Zoology.
	5. Commerce, Accountancy, Eco, Buis.Maths.
	6. Commerce, Accountancy, Eco, Comp.App.
16. Identification Marks of the Student	: 1.
	2.

17. Address with Pin Code: Permanent Address			_	Present Address:						
_			_		-					
Cell No 1:  Land line No:			6	Cell No 2: E.Mail Id:		Cell No 3:				
** S. No	* SSLC Qualific	Medium	ails:	English	Maths	Science	Social	Total Marks	% of Marks	Month &Year of pas
1		Eng / Tam								
2 3		Eng / Tam Eng / Tam								
ru <b>D</b>	I hereby denowledge. I undenles and regulationate: lace:  *** (Attach	ertake respo	the part	y of brin	urnishe ging up	d by me o my Sor	n / Daug	ghter ac	cording nt /Guan	to the
				OR OFF						_
1.	.T.C. No. & Da	te	: <u>—</u>							
	. Admission No.		:							
3	. Admitted In		:							
4	. Date		:							
5	. Bill No.		:							
6	. Age and Mont	h	:							
Si	ignature of the l	Principal				Signat	ure of	the Cor	respond	lent

**School Seal** 

### **Application No:**



## HAYAGIRIVAR PUBLIC HIGHER SECONDARY SCHOOL

(Bhavani Ammal Educational Trust)
Mathikrishnapuram, Puducherry – 607402
Ph: 0413-2615273, 2615115 Cell: 94432 46707

Approved by Govt. of Puducherry / Reg. No: 1510/DSE/HSW/AC/A-1/2019

**Photo** 

APPLICATION FORM for Pre. KG. to IX Std.

1. Name of the Student (In Block Letters)	:
Name in Tamil	:
2. Gender (√ Mark)	: Boy Girl
3. Date of Birth	:
	: Age as on July 31 <sup>st</sup>
4. (a) Community	:
(b) Caste	: OC / OBC / BC / MBC / EBC / SC / ST
5. Nationality	:
6. Religion	:
7. Blood Group	:
8. Physical Disability if any	:
9. (a) Name of the Father / Guardian	:
(b) Name of the Mother	:
10. Father Occupation:	Mother Occupation:
11. Annual Income	: RsIn words
12. Student Aadhar Card No	:
13. Class of Admission Sought for	:in words
14. Name and Address of the School last Studie	d:
15. Identification Marks of the Student	: <b>1</b> .

16. Address with Pin Code: Permanent Address		Present Address:			
Cell No 1:  Land line No:	Cell No 2: E.Mail Id:	Cell No 3:			
	<b>DECLARAT</b>	<u>ION</u>			
I hereby declare that the	e particulars furnis	shed by me are true to the best of my			
knowledge. I undertake respons	sibility of bringing	up my son / Daughter according to the			
rules and Regulations of the Scl	hool.				
Date:					
Place:		Signature of the Parent /Guardian			
	FOR OFFICE	<u>USE</u>			
1. T.C. No. & Date	:				
2. Admission No.	:				
3. Admitted In	:				
4. Date	:				
5. Bill No.	:				
6. Age and Month	:				
7. Van Facilities	: Yes / No				
Signature of the Principal		Signature of the Correspondent			

**School Seal**