# **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 HIGHER SECONDARY

1. Name of the Student (In Block Letters)	:
Name in Tamil	<b>:</b>
2. Gender	: 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	<b>:</b>
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	:-
15. Course Applied (Put a tick mark)	: 1. Physics, Chemistry, Maths, Biology
	2. Physics, Chemistry, Maths, Comp. Science
	3. Commerce, Accountancy, Eco, Buis.Maths
	4. Commerce, Accountancy, Eco, Comp.App.
16. Identification Marks of the Student	: <b>1</b> .

2.

	17. Address with Pin Code: Permanent Address			P	Present Address:					
			-		_					
Cell	No 1:		Ce	ll No 2:			Cell	No 3:		
Lan	d line No:		E	Mail Id: _						
***	SSLC Qualific	cation De	etails:							
S. N o	Reg.No.	Medium	Tamil	English	Maths	Science	Social	Total Marks	% of Marks	Month &Year of pass
1		Eng / Tam								
3		Eng / Tam Eng / Tam								
Da	Date: Signature of the Student DECLARATION									
	I haraby dag	aloro that t					oro tr	na to th	na hast i	of my
kne	I hereby dec owledge. I under		-			•				Ū
	es and Regulation	_	-	y 01 01111	Sing up	illy son	i / Dau <sub>k</sub>	sinci aci	cording	to the
Da										
	ice:					Signatu	re of th	ne Parei	nt /Guai	rdian
	*** (Attach	copies of S	SSLC m	ark she	ets of p	revious	appea	rances a	and TC)	)
FOR OFFICE USE										
1. 7	Γ.C. No. & Date		:							
2. /	Admission No.		:							
3. <i>A</i>	Admitted In		:							
4. [	Date		:							
5. E	Bill No.		:							
6. <i>A</i>	Age and Month		:							
Signature of the Principal Signature				cure of	the Cor	respond	dent			
	School Seal									

# **Application No:**



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(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	<b>:</b>
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 Studied	:
15. Identification Marks of the Student	: <b>1</b> .

16. Address with Pin Code: Permanent Address		Present Address:
Call No. 1.	- Coll No. 2:	Coll No 2.
Cell No 1:  Land line No:	Cell No 2: E.Mail Id:	Cell No 3:
knowledge. I undertake responrules and Regulations of the Sc	sibility of bringing	ION  hed by me are true to the best of my up my son / Daughter according to the
Date: Place:		Signature of the Parent /Guardian
	FOR OFFICE U	<u>                                      </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**