



Saraswathi Ammal Lions Matriculation Higher Secondary School

VIRUDHUNAGAR - 626001.

Ph: 04562 - 280630, 99523-06236

No: _____

APPLICATION FORM

Date: _____

Name in English and Tamil												
Aadhar number												
Class to be admitted							Blood Group :					
Date of Birth							Female <input type="checkbox"/>		Male <input type="checkbox"/>			
Religion & Caste	Religion:						Caste:					
Community	OC	BC	MBC	SC	ST	DNC						
	Father			Mother			Guardian					
Name												
Educational Qualification												
Occupation												
Annual Income												
Mobile No												
Residential Address												

Whether transport arrangement is required

No Yes

Food

Veg Non-veg

I declare that all the above particulars are true and correct to the best of my knowledge

Place: _____

Signature of the Parent /Guardian

Date: _____

Office Use Only

Admission No. _____

Admitted to _____

Admission Officer _____

Principal _____

Secretary _____