

DATE:

THE ASHRAM GROUP OF INSTITUTIONS

110, Velachery Road, Guindy, Chennai – 600 032. Email: ashramguindy@yahoo.co.in

PARENT'S SIGNATURE:

REGISTRATION FORM FOR NEW ADMISSION (2020 - 2021)

	CISCE:	MATR	RIC:	(Tick your choice)
1.	Name of the Student	:		
2.	BOY (OR) GIRL	:		
3.	Date of Birth	•		
4.	Aadhar Number	:		
5.	Seeking Admission in Class	:		
6.	Previous School and Class with EMIS Number:			
7.	Nationality	:		
8.	Mother Tongue	:		
9.	Religion	:		
10.	Does the candidate belong to Scheduled caste or Scheduled Tribe or B.C as per Govt. list?	:		
11.	Father's Name / Guardian's Name	:		
12.	Residential Address with Phone No.	:		
	Father's Name & Occupation Office Address / Phone No with Email ID Mother's Name & Occupation	:		
	Office Address / Phone No with Email ID	:		
15.	Own Sister / Brother studying in this Scho	ool :		
16.	Any recent major illness or any physical handicap in the child. (Please mention)	:		
17.	Mode of Transport by which the child is going to be sent to school (Tick)	:	OWN TRANS	SPORT / SCHOOL VAN