



# shiksha

## PUBLIC SCHOOL

(Managed by Shri Krishna Trust)

#8, Ponniamman Koil Street, Hasthinapuram, Chennai – 600064. Ph:2223 6087

Photo of the  
Student

### APPLICATION FOR ADMISSION XI & XII

Registration No. \_\_\_\_\_ Admission No. \_\_\_\_\_ EMIS No. \_\_\_\_\_

<b>1. Name of the Pupil :</b> (in Block Letters)							
<b>2. Date of Birth:</b>			<b>Age:</b>		<b>Place of Birth:</b>		
<b>3. Sex (Tick)</b>		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
<b>4. Particulars</b>		<b>Father/ Guardian</b>			<b>Mother</b>		
Name							
Educational Qualification							
Occupation							
Department/ Employer (Name of the Co., Firm, Office)							
Salary (per month)							
Languages known to speak							
<b>5. Nationality</b> and state to which the pupil belongs					By Birth :		
					Naturalisation :		
<b>6. Religion</b> (This information is intended only for statistical purpose)							
<b>7. Residential Address</b>				<b>Father's /Mother's Office Address</b>			
Telephone No.				Telephone No.			
Mobile No.				Mobile No.			
E-mail:				E-mail:			
<b>8. Mother Tongue</b>							
<b>9. Community (Tick)</b>		OC	BC	MBC	SC	ST	Caste (Please Specify)
<b>10. Last School and Class attended by the Pupil :</b>							
<b>11. Class to which admission is sought:</b>							

<b>12. Is any of the applicant's relatives studying/ studied in this school? If yes, give the Particulars</b>	Name:  Relationship:  Class:  Year:																														
<b>13. Certificates attached:</b> a) Birth Certificate																															
b) Transfer Certificate																															
c) Mark Sheet																															
d) Community Certificate																															
e) Aadhar Card																															
<b>14. GROUPS OFFERED :</b>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">ELECTIVES (Choose any 4)</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"><b>COMMERCE GROUP:</b></td> <td style="width: 35%;">Economics</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td rowspan="4" style="width: 40%;"></td> </tr> <tr> <td>Business Studies</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Accountancy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cost Accountancy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td rowspan="5" style="vertical-align: top;"><b>SCIENCE GROUP :</b></td> <td>Mathematics</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Psychology <input type="checkbox"/></td> </tr> <tr> <td>Physics</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Mathematics <input type="checkbox"/></td> </tr> <tr> <td>Chemistry</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Applied Mathematics <input type="checkbox"/></td> </tr> <tr> <td>Biology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Computer Science (New) <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>COMPULSORY LANGUAGE : ENGLISH</b></td> </tr> </tbody> </table>		ELECTIVES (Choose any 4)				<b>COMMERCE GROUP:</b>	Economics	<input type="checkbox"/>		Business Studies	<input type="checkbox"/>	Accountancy	<input type="checkbox"/>	Cost Accountancy	<input type="checkbox"/>	<b>SCIENCE GROUP :</b>	Mathematics	<input type="checkbox"/>	Psychology <input type="checkbox"/>	Physics	<input type="checkbox"/>	Mathematics <input type="checkbox"/>	Chemistry	<input type="checkbox"/>	Applied Mathematics <input type="checkbox"/>	Biology	<input type="checkbox"/>	Computer Science (New) <input type="checkbox"/>	<b>COMPULSORY LANGUAGE : ENGLISH</b>		
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Do you wish to opt for Skill Course: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Artificial Intelligence (Science) <input type="checkbox"/> Financial Marketing Management (Commerce) <input type="checkbox"/>																															

**DECLARATION**

I declare that the particulars given above are correct and true to the best of my knowledge. I undertake that, my ward will abide by the rules & regulations of the school, and I agree to discharge all obligations imposed on me as parent / guardian of the child.

I declare that I will not ask for a change in date of birth any time in future.

Place :

Date :

Signature of the Parent/ Guardian

<b>FOR OFFICE USE ONLY</b>	
Admitted to the Class: .....	Date of Admission: .....
Fee paid at the time of Admission: .....	
Approval of the Principal	