

Date:

Place:

## **STEPHEN MATRICULATION SCHOOL**

## **KORAKKAVADI - 606303**

PANAIYANDUR ROAD, KORAKKAVADI PO, TITTAKUDI TK, CUDDALORE DT – 606303.

-	ADMISSI	ION FORM – 20 20
Admission No. :		S. No. :
•	Name of the Pupil	:
•	Aadhaar Number	:
•	Standard to be Admitted	:
•	Date of Birth	:
•	Gender	: Male / Female
	Blood Group	:·
•	Nationality and State	:
•	Mother Tongue	:
•	Religion and Caste	:
0.	Community	:
1.	Father's / Guardian's Name	:
2.	Mother's Name	:
3.	Occupation of Parents	:
4.	Annual Income	: ₹
5.	Address as per Aadhaar	:
		Pin Code:
6.	Contact Number	:
7.	EMIS ID	:
		<u>Declaration</u>
	I declare that all the partic	cular / statement Furnished above on true and correct

Signature of Parent / Guardian