

APPLICATION REQUISITION FORM –2025-26

STUDENT NAME :

DOB :

ADMISSION REQUESTED FOR (GRADE) :

IF HE / SHE STUDIED ,MENTION SCHOOL NAME :

LAST YEAR STUDIED CLASS :

MEDIUM : TAMIL / ENGLISH

FATHER NAME :

FATHER OCCUPATION :

FATHER- QUALIFICATION :

MOTHER NAME :

MOTHER OCCUPATION :

MOTHER QUALIFICATION :

ADDRESS :

CONTACT NO :

REFERENCE : DIRECT / STAFF Mr. / Mrs. _____

ADMISSION COMMITTEE

CORRESPONDENT

ADMISSION OPEN NOW
TIME TO CHOOSE RIGHT FUTURE

FOR ADMISSIONS CONTACT

☐ 75022 59777 / 75027 59777