**M.CT.M. CHIDAMBARAM CHETTYAR SR. SEC.SCHOOL,CH-4**
**ISO 9001 :2015**

# REGISTRATION FORM-2027-2028

## ALL DETAILS TO BE FILLED IN CAPITAL LETTERS

## INCORRECT / INCOMPLETE / ILLEGIBLE FORMS WILL BE REJECTED

| **DATE:** | **CLASS FOR WHICH ADMISSION SOUGHT: XI STD** | |
|---|---|---|
| Name of Candidate: | | |
| Date of Birth: | | |
| Age: | | |
| Nationality: | | |
| Religion: | | |
| Community: | | |
| Sub -Caste: | | |
| Sex: | | |
| Name of School presently studying in : | | |
| Class presently studying in: | | |
| Group offered : | Mathematics/Physics/Chemistry/Biology | |
| (Tick the appropriate group) | Mathematics/Physics/Chemistry/Computer Science | |
| | Psychology/Physics/Chemistry/Biology | |
| | Business Studies/Accountancy/ Economics/ Applied Maths | |
| | Business Studies/Accountancy/ Economics/ Comp. Science | |
| | Business Studies/Accountancy/ Economics/Marketing | |
| | Business Studies/Accountancy/ Economics/Psychology | |
| Name of Father/Guardian | Alumini: Yes/No | |
| Qualification of Father: | | |
| Occupation of Father/Guardian: | | |
| Designation of Father/Guardian: | | |
| Monthly Salary of Father/Guardian: | | |
| Name of Mother: | Alumini: Yes/No | |
| Qualification of Mother: | | |
| Occupation of Mother: | | |
| Designation of Mother: | | |
| Monthly Salary of Mother: | | |
| Siblings' Name (Own Brother/Sister): | | |
| Siblings' School Name: | | |
| Siblings' Class: | | |
| **Contact Details:** | | |
| Residential Address: | | |
| Mobile No: | | |
| Land Line: | | |
| Email ID: | | |

Signature of Parent:

Note:
1. After scrutinizing the Registration form parent will be communicated on Admission procedure
2. Admission subject to availability of seats
3. No Guarantee for admission on filling the registration form