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

# REGISTRATION FORM - 2026 - 2027

## ALL DETAILS TO BE FILLED IN CAPITAL LETTERS

## INCORRECT / INCOMPLETE / ILLEGIBLE FORMS WILL BE REJECTED

| **DATE:** | **CLASS FOR WHICH ADMISSION SOUGHT:** | |
|---|---|---|
| Name of Candidate: | | |
| Date of Birth: | / / | |
| Age as on **1 June 2026 :** | | |
| Nationality: | | |
| Religion: ( ✓ ) | HINDU / MUSLIM / CHRISTIANS/OTHERS | |
| Community: ( ✓ ) | OC / BC / BCM / MBC / DNC /SC / SCA / ST | |
| Sub -Caste: | | |
| Sex: | MALE / FEMALE | |
| Name of School presently studying in with place: | | |
| Class presently studying in: | | |
| 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 to all classes except LKG subject to availability of seats
3. No Guarantee for admission on filling the registration form