

M.C.T.M. CHIDAMBARAM CHETTYAR SR. SEC. SCHOOL, CH-4
ISO 9001 :2015

REGISTRATION FORM - 2024 - 2025

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 30th September 2024 :		
Nationality:		
Religion: (✓)	HINDU / MUSLIM / CHRISTIANS/OTHERS	
Community: (✓)	OC / BC / BCM / MBC / DNC /SC / SCA / ST	
Sub -Caste:		
Gender:	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 Pre KG & LKG subject to availability of seats 3. No Guarantee for admission on filling the registration form	