

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

REGISTRATION FORM - 2025 - 2026

ALL DETAILS TO BE FILLED IN CAPITAL LETTERS

INCORRECT / INCOMPLETE / ILLEGIBLE FORMS WILL BE REJECTED

<b>DATE:</b>	<b>CLASS FOR WHICH ADMISSION SOUGHT:</b>	
Name of Candidate:		
Date of Birth:	/ /	
Age as on <b>1 June 2025</b> :		
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:		
<b>Contact Details:</b>		
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		