<b>ANNAN VALIAANKANNA</b> <b>ANNAN VALIAANKANNA</b> <b>ANNA NAGAR, PAMMAL, CHENNAI - 600 075.</b> M: 94443 95290 Website : www.avmhss.in Imail : dftdmipammalsch@dmifoundations.org			
APPLICATION FOR ADMISSION			
ACADEMIC YEAR 20 - 20			
PRE-KG TO X			
A. INFORMATION OF THE CHILD	Affix recent passport size photo		
Name of the PUPIL (Capital Letters only)	,		
Gender Date of Birth Age	Blood Group		
Male Female DD MM YYYY			
Religion Roman Catholic Caste	Nationality		
Yes NO			
Community Aadhar No.			
□ OC □ BC □ MBC □ SC □ ST □ SS □ BCM □ Others			
Languages Known Mother Tongue			
R'IL.	A		
RESIDENTIAL ADDRESS TEMPORARY ADD	DRESS		
FULLY			
SINCE 1984			
Father's Mobile No. Mother's Mobile	No.		
E-Mail ID : E-Mail ID :			
Distance from school (in kms) : Preferred Phone Number for school SMS	5:		
Emergency Contact No. (Res/Mobile) Name of the person to be	e contacted Relationship		
	I		

### **B. FAMILY INFORMATION**

Single Parent Tick one, only if applicable Father or Mother

#### Father / Guardian:

Age:	Nationality:
Institution:	
Office Address:	
Mobile No.:	
Age:	Nationality:
Institution:	
Office Address	:
Mob <mark>i</mark> le No.:	
	Institution: Office Address Mobile No.: Age: Institution: Office Address

### Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
· · · · · · · · · · · · · · · · · · ·			

## Incase of Staff's ward: Name of the Parent:

# C. DETAILS OF PREVIOUS STUDY

Year	Name of the school Studied	Standard / Grade	Grade / Marks obtained in final exams	
	SINCL	504		
The Previous School affiliated to : STATE BOARD CBSE ICSE Other				
Awards	won so far in Sports, Arts, Academics, etc			

D. MEDICAL DETA	AILS OF THE CHIL	D	
Any Medication taken	for general well-being	of the child.	
Any medication taken hyper) / any other con	•	tion, such attention de	eficit / thyroid (hypo /
Does the child have an	y difficulty in seeing?	Yes No	
Any Consultation with	doctor done: Yes	No	
If yes, Explain :		0	
Any Allergy / any medi	ical information that so	hool should be aware o	of:
	1265	OT	
E. ENCLOSURES (All	l documents are ma	ndatory at the time	of admission)
Birth Certificate	e Photocopy		
Transfer Certific	ate Original		
Community Cert	ificate Photocopy		
Passport size ph	oto (5 copies)	HUMAN	
Aadhar Card Ph	otocopy	ALIVA	
Vaccination Card	l Photocopy (if requin	red)ATIONS	
Progress Report	Photocopy - Previous	year (only for new admi	ission from other schools)
Trasnsport From	n (if required)		
The above document the filled application		hotocopies) must be	produced along with
Please Note : Staple	all documents to the	left-hand corner of t	he application
How did you hear a	bout our school?		
Name of the Newspaper	Name of the Magazine	Website	Other

### **F. DECLARATION**

I \_\_\_\_\_\_\_\_ have the authority to admit my child / ward \_\_\_\_\_\_\_, into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise. I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date of Submission:

Place:

Signature of Parent / Guardian

### FOR OFFICE USE ONLY

Master / Mi	ss / Baby :	-
Standard /	Grade / Class:	-
Group	ALLUY:	-
Date	DMI FOUNDATIONS	-

### **Admission Co-ordinator**

Principal