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	
	Business Studies/Accountancy/ Economics/ Applied Maths	
	Business Studies/Accountancy/ Economics/ Comp. Science	
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