Student Photograph

(A unit of Amala Educational Institutions)
Affiliation No:1930482

MORASAPATTI (PO), IDAPPADI (TK), SALEM - 637 101,

Ph: 04283 234422 Mob: 0 94427 00826

E-Mail: shempark@amala.ac.in | Web: shempark.ac.in

APPLICATION FORM

1. Name of the Student (in BLOCK Letters)										
In Words :										
2. Date of Birth:		MM		YYYY						
3. Gender:	□ Male	□ Fer	nale	4. Bloog Group :						
5. Religion :				6. Nationality :						
7. Community				8. Caste :						
9. Name of the Father / Guardian :										
Occupation:	Monthly Income :									
10. Name of the Mother :										
Occupation:	Monthly Income :									
11. Communication Details										
RESIDENCE ADDRESS			OFFICE ADDRESS							
Ph / Mob:				Ph / Mob:						

12. Clas	ion is sought					
13. Mother Tongue						
14. Second Language			П	amil	☐ Hindi	
15. Name of the school last attended						
16. Class Studied & Year						
17. Wheter recognized			□ Yes □ No			
18. If Ye	s, by whom	│ □ Matric │ □ CBSE │ □ ICSE				
19. Whether Qualified for Promotion				□ Yes □ No		
20. Medium of Instruction in the School last atte			ended			
21. Name of the Brother/Sister studying in this School (Provide Name & Standard)						
No.		Name		Class		
1.						
2.						
3.						

Student's Signature

Parents Signature

Date & Seal:

Principal's Signature