



KOLATHUR

DHANISH MATRICULATION HIGHER SECONDARY SCHOOL

(A Minority Muslim Educational Institution)

Kambar Nagar, Chennai - 82. Website : www.dhanishschool.com

Phone : 044-2550 0567, 2550 3000, Mob: +91 94895 83000

APPLICATION FORM FOR THE ACADEMIC YEAR 20 - 20

Application No. :

Date of Issue :

Admission No. :

Admission to Class :



A . STUDENT INFORMATION

Name of the Student (BLOCK LETTERS)

Date of Birth (Enclose Photocopy of Birth Certificate)

D		M		Y	
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Gender

M		F	
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Blood Group

Nationality

Religion

Mother Tongue

Aadhar No

Caste

Tick Your Community (For Statistical Purpose Only)

SC	
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ST	
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BC	
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MBC	
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OC	
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Residential Address (BLOCK LETTERS)

Phone

Mobile (Whatsapp) :

List all the schools the child has attended. Begin with the class last studied

Class	Name of the School	Medium of Instruction

• Tick (✓) any one Extra Curricular Activity (ECA) for classes I-IX

Chess

Abacus

Art & Craft

Karate

• Tick If School Van Service is required []

B . PARENT INFORMATION

Affix Father's
Passport
Size Photo

Affix Mother's
Passport
Size Photo

Affix Guardian's
Passport
Size Photo

Information related to the Parent

Particulars	Father / Guardian	Mother
Name		
Educational Qualification		
Designation		
Name of the Organization		
Annual Income		
Tel No. : Office		
Mobile		
Email		
Specimen Signature		
Contact Person in case of Emergency		Mobile :

DECLARATION BY PARENT / GUARDIAN

- I declare that the statement given above is correct & true to the best of my knowledge.
- I am aware that if the admission is obtained for my ward on false information and if it is noted at any point of time, it will lead to cancellation of admission

.....
Signature of the Parent / Guardian

UNDERTAKING BY PARENT / GUARDIAN

- I agree to pay the tuition and all other fees for the full academic year in the event of my ward leaving the school at any time before or after the completion of the academic year.
- If my ward is selected for admission I promise to abide by all the rules and regulations of the school.
- I accept to give my full co-operation in all aspects to the School Authorities towards the betterment and progress of the school / my ward.

Station :

Date :

.....
Signature of the Parent / Guardian

C. OFFICE USE ONLY

Certificates	Whether Enclosed Yes / No	Xerox / Original
Date of Birth		Attested Photocopy
Community Certificate		Attested Photocopy
Aadhar		Attested Photocopy
Transfer Certi with EMIS No.		Original
Family / Ration Card		Attested Photocopy

Certificates verified, found correct & filled

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Signature of the Principal