SANDARAVADHANAM COLLEGE OF EDUCATION



Pazhanchanallur, Cuddalore District,608 301

	P. S.	041	.44 2	2603	45 , (04144	4 26	131	3											
	Smarrage and 7		missions@sandaravanamcoe.com																	
	Wel	w: c	:www.sandaravanamcoe.com																	
		I																		
	Application No:											Adn	n N	10 :						
	Bill No:											Da	ite	; :						
1	Name of the Applicant																			
	(In full as given in the SSLC Mark Sheet/TC /Birth							_ 				_ 								
		Di	ay	Ī	Мо	nth			Υe	ear										
2	Date of Birth																			
3	Sex	N	Mal	e			Fe	ema	le											
4	Blood Group																			
5	Nationality		State																	
6	Religion		Caste																	
7	Category	SCA SCO ST MBC BC BCM OC																		
	Mother Tongue						_						_					 _		
8	Address for communication																Ī			
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9	Contact Number										/									
10	EMIS Number					<u>_</u>														
11	Aadhaar Number					[
12	Name of the Father									,	Осс	upat	tio	n						
12	Qualification Mother									Ţ	_									
13	Qualification]	Occ	upat	tio	n						
14	Annual Income																			
15	Whether the student is living with parent or Guardian																			
	(If Guardian please specify name)																			
16	whether the last examination passed or not									Yea	ar									
18	Class in which admission sought for																			

19	Medium of the student last studied	Tamil		E	nglish		Malay	ralam		
20 21	School Transport fecility is required Details of Marks obtained	Yes Subje	ect		Dis f attemp	stance	Mark	P		trs/KM ntage
22	Which Group desired to take in Hr.Sec.	English Maths Science Social Science TOTAL								
23	Second Language	Tamil		Malayala	ım	Ot	her			
24	If Physically chalanged please specify									
26	Personal Identification Marks	2								
Declaration I declare that the particulars given above arecorrect to the best of my knowledge and that I will abide by the rules and regulation of the school. I am aware that admission obtained in false information or by suppression of facts will be cancelled on detection at any time. Signature of the Parent / Guardian Signature of the Student										
For Office Use Only										
	Admitted In :]	Group	:			
	Admission Rejected For :									

School Seal

Signature of the Principal