Application for Admission

Year 20 ____ 20 ____



Application No :											
APPLICATION FO											
Admission to Standard :		Affix Photo									
Admission No. :											
Aadhar No. :	lo. :										
EMIS No. :											
STUDENT INFORMATION											
Name in Full (Capital Letters) (As mentioned in Birth / Std. X Certificate)			"								
Date of Birth			Mother Tongue								
(Copy of certificate to be enclosed)	Day Month	Day Month Year Blood Group									
Nationality		State of Origin									
Religion		Caste									
Community (Copy of certificate to be enclosed)	ST SC N	ВСМ ОС	Sex M F								
Residential Address											
				Pincode							
	PARENT II	NFORMATION									
Preferred Contact for SMS	Father		Mother								
Name											
Date of Birth											
Quatlification											
Occupation											
Occupational Address											
Annual Income											
Mobile No.	†										
E-Mail Id.	1										
Aadhar No.	†										
Pan No.											

PREVIOUS SCHOOL INFORMATION										
Name & Board of Previous School			CBSE ICSE STATE BOARD OTHERS							
Second Language studied										
Transfer Certificate is attached?				'es	No					
Conduct Cetificate is attached?			Yes No							
Migration Certificate is attached? (Compulsory for other Board Students)			Yes No							
Marks & Percentage Obtained (Copy of Std. X Mark sheet to be enclosed)								%		
Whether brother or sister studying in AVIS ?		Yes No					Class :			
	Group 1 (A)		Chemis	Chemistry		sics	Mathematics	Biology		
GROUP (Tick your	Group 1 (B)		Chemistry		Physics		Mathematics	Computer Science		
Preferred Group)	Group 2 (A)		Economics		Business Studies		Accountancy	Mathematics		
Grou		2 (B)	Econon	nics Business Studies		Accountancy	Computer Science			
I, declare that all the particulars furnished above are true and correct. I acknowledge that I will abide by all the rules and regulations of the school. I declare that I will not ask for change in date of birth and community in the future. I also declare that the fee paid by me will not be claimed under any circumstances.										
Signature of Pare	nt									
Signature of App (For Class VI-XII)	licant									
Date		Place								
			FC	R OFF	ICE	USE ONLY			4	
ADMISSION : Approved Not Approved Class Approved Approved Approved Academic Year :										
Signature of Office Admin Signature of Principal										

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