



VEL'S VIDYASHRAM

(A UNIT OF VEL'S COLLEGE)

Velan Nagar, P.V. Vaithiyalingam Road, Pallavaram, Chennai – 600 117.

Phone: 044 - 6564 2624, 2241 5848, 2241 1478, 2241 5436

Website: www.velsvidyashram.com

Under the Direct Supervision of

Mrs. Y.G. Parthasarathy, Dean & Director

Padma Seshadri Bala Bhavan Sr. Secondary Schools, Chennai.

Application form for :	Application No.:
Academic Year :	Registration No.:
To be filled in by the Office	
Name of the Child :	
Date of Birth (as per birth certificate) :	
Signature of the Issuing Authority :	
NAME OF THE PARENT / GUARDIAN	
1. Name of the Child (in block letters)	
2. Sex	Male / Female
3. Age and Date of Birth (Xerox copy of the birth certificate to be enclosed)	
4. Mother Tongue	
5. a) Nationality b) Religion c) Caste	
6. Does the candidate belong to Scheduled Caste or Scheduled Tribe or B.C. or M.B.C (as per Govt. list)	
7. Residential Address Telephone No:	
8. Important Landmark (near residence)	
9. The exact distance (in KM, correct to one decimal place) of the parent's residence from the school. Please ensure accuracy by verification	
10. Mode of Transport by which the child is going to be sent to school.	Walk / Cycle / Cycle rickshaw / Two wheeler / Car / Hired Van or Car

11. Father's / Guardian's Name Educational Qualification Occupation Designation and Name of the Institution / Company Monthly Income Office Address	Phone – Off.: Res.:
12. Mother's / Guardian's Name Educational Qualification Occupation Designation and Name of the Institution / Company Monthly Income Office Address	Phone – Off.: Res.:
13. Is the child handicapped? (if Yes, Specify)	
14. Second Language : Tamil / Hindi	
15. Name of the previous school last studied	

I, the Parent (Father / Mother) of _____ seeking admission to _____ hereby solemnly declare that the information furnished above its absolutely true and that if found wrong at any time after the admission during his / her stay in the School, I shall abide by the orders of the School for withdrawal of my son / daughter without any plea or protest.

Station :

Date :

SIGNATURE OF THE PARENT

ENCLOSURES AND REGISTRATION

Note :

The filled up application form should be submitted to the office between 09:00 AM and 03:00 PM. Forms with false / incomplete or vague information will not considered. Please submit a Xerox copy of the birth certificate and a self addressed stamped envelope, with this form. After registration, intimation regarding Entrance Test date will be intimated through post.