**APPLICATION NO:**

**UNIVERSAL ACADEMY SENIOR SECONDARY SCHOOL**

T.R.PATTINAM MAIN ROAD, NERAVY, KARAIKAL

PHOTO

Ph**: 04368 – 238926/238927 Cell: 9942936926**

**Visit us at:** [**www.universalacademykkl.com**](http://www.universalacademykkl.com)

**E-mail:** [**universalacademykkl@gmail.com**](mailto:universalacademykkl@gmail.com)

**AFFILIATED TO CBSE, NEW DELHI**

**CBSE Affiliation No: 2930013 School Code No.:56810**

1. **Date of receiving**

**the application form :**

1. **Date of Submission : :**

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1. **Name of the Student : (As per Birth Certificate)**
2. **Date of Birth :**

1. **Age : : Year Month**
2. **Gender : Male Female**
3. **Religion / Caste : ……………………………………………………………**
4. **Admission Sought**

**for the class :**

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1. **Languages Option : Second (Tamil/Hindi)**

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**Third (Hindi/French/Arabic)**

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**Kindly Submit the Application Form On ………………2022-23, at Am**

**10.Name of the School**

**Previously Studied : …………………………………………………..**

**Previous school Address : …………………………………………………..**

**…………………………………………………..**

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**11. Languages Learnt : Second**

|  |  |  |  |  |
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**Third**

**12.Identification Mark : …………………………………………………..**

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**13. Students AADHAR**

**Number :**

**14.Any Brother/Sister Studying**

**in Universal Academy : Yes No**

**15.Child’s Extra Curricular**

**Activities : ………………………………………………………**

**………………………………………………………**

**16.Hobbies : ………………………………………………………**

**17. Any Special mention about**

**Merits/Achievement : ……………………………………………………………..**

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**18.Fathers name :**

1. **Educational Qualification :**

1. **Occupation :**
2. **Annual Income :**
3. **Official Address : ………………………………………………………..**

**………………………………………………………..**

**…………………………………………………………**

**…………………………………………………………**

1. **Mobile No :**
2. **E Mail – ID : ………………………………………………………..**

**19.Mother’s Name :**

1. **Educational Qualification :**

1. **Occupation :**
2. **Annual Income :**
3. **Official Address : ………………………………………………………..**

**………………………………………………………..**

**…………………………………………………………**

**…………………………………………………………**

**e. Mobile No :**

**f. E Mail – ID : ………………………………………………………..**

**20. Permanent Address**

**of the Parent/ Guardian : ……………………………………………..**

**……………………………………………..**

**………………………………………………**

**Phone –Landline/Mobile : :**

**Yes**

**No**

**21.Transport Required :**

|  |  |  |  |  |  |  |  |  |  |
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**Pick up Point :**

**22.Submission of T.C : ……………………………..Day/Month/ Year**

**23.School Uni ID : ………………………………………………………………………**

**I.……………………………….F/o………………………………….Hereby Declare that the above Informations are true and correct.**

**Signature of the student Signature of the father Signature of the Mother/with name Guardian**

**Date : Station :**

***FOR OFFICE USE ONLY***

**Date on which test was administered :**

**Total Marks Percentage**

**Admitted : Yes/No If Yes, Class / Sec :**

**Date of Admission :**

**Admission Number :**

***Signature of the Principal***