



HANS ROEVER PUBLIC SCHOOL,

New M.G. Puram, Perambalur - 621 212.

AFFILIATION No. : 1930725 (Affiliation to Central Board of Secondary Education, New Delhi)

Phone : 97509 70191/ 97509 70145

E.mail : cbse@reover.edu.in / website : www.roeverpublicschool.edu.in

Application Form 20 - 20

EMIS No.

Application No. :

Date of issue :

Admission No. :

Affix a recent
Passport size
photo

Admission to the Class : _____

Previous school studied :

Board of study : Matric / State / CBSE / Anglo-Indian / ICSE :

Second Language opted : Tamil Hindi

Information related to the applicant

Name (in BLOCK LETTERS) as per record

Gender M F Date of Birth Age

Nationality Mother Tongue

State Religion

Community _____

Residential Address

Address to be contacted during emergency

Phone	Mobile

Phone	Mobile

If any Brother(s) Sister(s) presently studying in any of our group of institutions? (If yes, please fill in the particulars)

Name	Class / Department	School / College

II. Information related to the parents :

Particulars	Father	Mother
Name (as per record)		
Educational qualification		
Mobile Number		
E-mail Address		
Designation		
Type of Industry / Business		
Annual Income		
Address of the organization		
Office Phone Number		

Specify any two visible identification marks of the student :
 1. _____
 2. _____

Does your child have any special health concern, infirmity, allergy, etc.? If so, please specify
 (Enclose a copy of the related document to the Principal concerned)

Is transport facility required? : Yes No

(Confirm the availability of transport before paying the fee)

If yes, specify the boarding point :

Declaration :

- * I hereby declare that the above statements are correct and true to the best of my knowledge and belief.
- * I declare that I will not approach for any alteration specifically in the date of birth and community in future.
- * I hereby also agree to abide by the existing rules and regulations in force and those that may be framed from time to time.

Signature of Father / Guardian

Signature of Mother

Note to parents

* Please fill in all the columns provided. * Incomplete forms will not be considered.

For Office Use Only

Admitted in standard :

Date of admission :

Principal / Head of the Admission Committee :

Certificates	Whether enclosed		Xerox Copy	Original
1. Transfer Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
2. Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
3. Mark Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4. Community Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
5. Aadhaar Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
6. Any other enclosures (If yes, specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>