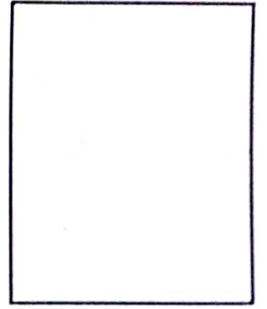


# AUXILIUM ACADEMY

Kodambakkam, Chennai - 600024.

**ADMISSION FORM 20 - 20**



S.No.

Name (As per Birth Certificate) : .....

Date of Birth : .....

Place of Birth (Village/Town) : .....

Religion : .....

Community : .....

Nationality : .....

Native Place : .....

Current Address : .....

.....  
.....

Permanent Address : .....

.....  
.....

Mother Tongue : .....

Other Languages Spoken : .....

Admission Sought : .....

Previous Board studied : .....

Reason for Leaving : .....

Blood Group : .....

Medical Condition : .....

Aadhaar Number (Student) : .....

Name (As per Birth Certificate) : .....

Name of the Father(in English) : .....

Father's Educational Qualification : .....

Occupation / Designation : .....

Office Address : .....

Mobile/Landline : .....

Email ID : .....

Aadhaar Number : .....

Annual Income : .....

Name of the Mother(In English): .....

Mother's Educational Qualification : .....

Occupation/Designation : .....

Office Address : .....

Mobile/Landline : .....

Email Id : .....

Aadhaar Number : .....

Annual Income : .....

**DECLARATION :**

I, the undersigned, declare that the information provided in this application is accurate to the best of my knowledge. I understand that any false information may result in the rejection of this application.

Date:

Parent's Signature.

**OFFICE USE ONLY**

Principal's Signature:

School Seal

Date: