

KIKANI VIDHYA MANDIR

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Phone: 2546180

Application	for	Admission	ŧο	the Senior	Secondary	School
Application	IUI	Aumssion	w	me Semor	Secondary	SCHOOL

 Name of the applicant in full as given in the School Leaving Certificate / Transfer Certificate (In Block Letters) Date of Birth 				ffix passport size hotograph of the candidate
 Date of Birth Sex 	• • • •	Male / Female		
4. Nationality / State to which the pupil belongs		Wale / Temale		
5. Native Place: Village / Town Taluk District				
6. Religion				
7. Community		BC / MBC / SC /	ST / OC	
8. a) Whether living with Parent or Guardian				
b) Local residential address if not living with				
Parent or Guardian				
9. a) Name of Parent / Guardian		Father Name		Mother Na
h) Qualification & Occupation				
b) Qualification & Occupationc) Address	••••			
d) Annual Income				
d) Annual Income e) Phone No. / Mobile, No.		Res :	Off:	
e) Phone No. / Mobile No.		Res :	Off:	
e) Phone No. / Mobile No. f) Email id		Res:	Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied		Res:	Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation		Res:	Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation 12. Whether recognized		Res :	Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation 12. Whether recognized Courses Preferred Part - 1 - English		Res:	Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation 12. Whether recognized Courses Preferred Part - 1 - English Part - 2			Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation 12. Whether recognized Courses Preferred Part - 1 - English			Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation 12. Whether recognized Courses Preferred Part - 1 - English Part - 2			Off:	
e) Phone No. / Mobile No. f) Email id 10. School last studied 11. Board of Affiliation 12. Whether recognized Courses Preferred Part - 1 - English Part - 2			Off:	

Date: Date of Interview / Counselling:

Signature of the Parent

time.

Station:

Signature of the applicant

DECLARATION BY PARENT / GUARDIAN

I assure that my ward will abide by all the rules and regulations of the institution. In case of default his / her name may be struck off the rolls and T.C. may be issued.

Signature of the Parent

Courses offered

Subject - 1

Subject - 2

Choose an elective subject from Academic Electives or Skill
Course

Subject III, IV,V

Any Three from Academic Electives

OR

Two elective subjects from Academic Electives and one subject from Skill course

OR

One elective subject from Academic Electives and Two subjects from Skill course

OR

Three subjects from Skill course

Academic electives: Mathematics, Computer Science, Physical Education, Biology

Entrepreneurship, Economics, Physics, Chemistry, Business Studies, Accountancy, Applied Mathematics,

Psychology, Legal Studies.

Skill Course: Financial Market and Management, Cost accounting,

Food Production, Banking, Tourism, Agriculture.
Artificial Intelligence, Information Technology.