



where RIGHT BRAIN ^{meets} the LEFT BRAIN

Regd. No: TN02D0032829

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APPLICATION FORM

Application No. : Admitted On : Admission No. :

1. Student's Name :
(in Block Letters)
2. Gender : Male Female
3. Date of Birth : Age:.....
(Attach Photocopy of Birth Certificate)
4. Nationality :
5. Community :
6. Address for Communication :
7. Father's Name :
Occupation :
Address (Office) :
Mobile No :
Telephone No :
Email Id :
8. Mother's Name :
Occupation :
Address (Office) :
Mobile No :
Telephone No :
Email Id :
9. Guardian's Name :
Relationship to the Student :
Occupation :
Address (Office) :
Mobile No :
Telephone No :
Email Id :

Affix
Recent
Passport
size

10. If the child has any allergies /
food allergies (Specify) :

11. If the child has any
medical condition (Specify) :

12. In case of any emergency
whom should be contacted
a) Parents :
b) Family Doctor (with Contact No):

13. Any other information
you wish to state in brief :
.....

14. People authorized pick-up the child

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.....

I declare that the details giver above are correct.

Date:

Signature of Parent / Guardian