## KENDRIYA VIDYALAYA CLRI, ADYAR, CHENNAI-20 ACCEPTANCE FORM FOR ADMISSION TO CLASS XI 21-22

From			Date:
То			
	The Principal KV CLRI Chennai 60002	0	
		e to join in Class XI for the year <b>21-22</b>	
Sir,			
I		Father/Mother of	
Class/S	ection	_ bearing admission no	is willing to join my ward in
the		stream with the subjects as offered to him/her	in the provisional admission list.
Subject	t 1:		
Subject	: 2:		
Subject	t 3:		
Subject	: 4:		
Subject	t 5:		
			Yours faithfully,

Name & Signature of parent Mobile No:

## KENDRIYA VIDYALAYA CLRI, ADYAR, CHENNAI-20 OPTION FORM FOR ADMISSION TO CLASS XI 21-22

r				
1	Name of the student			
2	Name of the Board with Roll No.			
3	Admission No. (If student belongs to KV CLRI)			
4	Category (SC/ST/OBC/GEN/Minority)			
5	Date of Birth			
6	Father's Name			
	Department ( Central Govt./State Govt. /Private)			
	Office Address			
	Mother's Name			
6a				
	Department ( Central Govt./State Govt. /Private)			
	Office Address			
7	Name of school from where passed class X Examination& Year of Passing			
8	Complete Address & Phone number			
9	Details of mark obtained	Subject	Mark obtained	
		English		1
	(Attach Xerox copy of mark sheet of class	Hindi/Sanskrit		
	X)	Maths(Stand/Basic)		
		Science		]
		Social Science		
		Total marks		
		obtained		

10	Stream and Subjects applied for class XI . Write preference to opt stream Science/Commerce	<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>Additional Subject if any: 6.</li> </ol>
11	Undertaking by the Parent	I hereby submit the undertaking that all information given above and in the registration form is correct and the admission of my ward may be cancelled if any information is found to be false/incorrect/misleading. Parent's Signature with date
12	Student's signature with date	
13	Remarks of the Admission I/C	Eligible / Not Eligible for admission to class XI Sectionin stream .
14	Principal's Remarks	Signature with date
15	Class Teacher's remarks about fee collected UBI / UID number:	Admission fee(if any) - Tuition Fee - VVN - Comp. Fund/Fee - Total - Date of payment - Signature of the Class Teacher