**(To be Submitted to the IMS Office** **) Revenue Dist :**

**Educational Dist.:**

**Taluk :**

**Block :**

**APPENDIX**

**Form- I**

**Details of Admission against 25% Reservation Seats at the Entry Level Classes**

**for the Academic Year 2016-2017 under RTE Act,2009**

**Name of the School: .... .................................... ……………………………………………………………**

**Address with Pin code: ............................................................................ Telephone Number: ..................... .................................. …………………………………………………………………………………………….**

**……………………………………………………………………………………………………………………….**

**E mail address :**

**Name of the Principal with Cell No./ Head of the Institution: .................................................................................**

**Name of the Vice Principal with Cell No....................................................................................................................** ..

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **Particulars** |  |
| 1 | Entry level class of the School | **L.K.G** |
| 2. | 1. **Total number of seats available at the entry**  **level :**  **2.General seats :**  **3.Reserved Seats:**  . (25% of total Seats) |  |
| 3. | Date of issue of Admission forms |  |
| 4. | Last date of issue of Admission forms |  |
| 5. | Period of Submission of Admission forms : | From: ..... ……...To ................. Time ....... |
| 6. | Date of display of list of eligible  candidates for draw of lots and ineligible candidates. | Date …............ ……...Time ....................... |
| 7. | Date of random selection (if number of  applications are more than the number of free quota seats) | Date ...... .....................Time ...................... |
| 8. | Date of display of list of selected  candidates in the random selection methodalong with waiting list | Date ....................... ....Time ..................... |
| 9. | Last date of admission |  |
| 10. | Date of commencement of academic year |  |

Signature of the Principal / Head of the Institution.

**(To be issued free of cost to the Parent)**

**RTE Application Form for the year 2016-17.**

**Form – II**

**Application Form for of Weaker Sections and Admission of children Disadvantaged**

**Groups in Private Non-minority Un-Aided Schools under RTE Act, 2009**

Name of the School :…………………………………………………………………………………….

Address :……………………………………………………………………………………..

……………………………………………………………………………………..

Telephone Number :……………………………………………………………………………………..

A Weaker Section

B Disadvantaged Group :n-minority Un-Aided Schools under RTE Act, 2009sadvantaged

1. Name of the Child(in Block Letters)

:

1. Gender (Please tick whichever is applicable)

: Male / Female / Transgender

1. Date of Birth (Proof to be enclosed)

:

1. Age as on 31st July

: year: month:

1. Name of Parents / Guardian

Mother :

Father :

Guardian

:

6. Occupation of Parents / Guardian

Mother :

Father :

Guardian :

7.Residential Address :

(Proof to be enclosed)

8. (a) Community (Please tick whichever is applicable)

OC BC BCM MBC SC SCA

(Proof to be enclosed)

(b) Categories of other Disadvantaged groups

(Please tick whichever is applicable)

( Proof to be enclosed) Orphan

Differently abled

Transgender

HIV affected

Child of Scavenger

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9. Shortest distance from residence to school by :

Road / walk in mts

10. Total Annual Income of Parents / Guardian

From all sources for claim under Weaker Section

Category (Proof to be enclosed)

Declaration by the parents / Guardian

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name Mother / Father / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( name of the Child)

hereby declare that the information mentioned above are true and correct toe the best of my knowledge and belief. I am fully aware that in case any information is found to be false or incorrect on verification, the admission of my ward may be cancelled.

Signature of the Mother/Father/Guardian

Date:

Place:

( Note : Ineligible and incomplete applications shall be summarily rejected).

1. (a) Birth Certificate

(b) Hospital / Auxiliary and Midwife register

(c) Anganwadi record

(d) Declaration through an affidavit of the age of the child by the Parent / Guardian.

1. (a) Family card

(b) Voter ID card

(c) Adhar ID card

(d) Driving license

(e) Bank passbook

(f) Telephone bill

(g) PAN card

(h) Certificate of Residence issued by VAO

(I) ID card issued by State Govt./Central Govt./ Public Undertakings.

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|  |  |
| --- | --- |
| **Certificates** | **Competent Authority** |
| Income Certificate for BC, MBC | Deputy Tahsildar, Revenue Department, Government of Tamilnadu. |
| Community Certificate for SC | Tahsildar, Revenue Department, Government of Tamilnadu / Competent authority in the case of children coming from other States |
| Community Certificate for ST | RDO / Sub Collector, Revenue Department, Government of Tamilnadu / Competent authority in the case of children coming from other States |
| Certificate for Orphan | District Social Welfare Officer, Department of Social Welfare and Nutritious Meal Programme |
| Certificate for HIV / Transgender | Medical Officer authorized by the Department of Health and Family Welfare, Government of Tamilnadu |
| Children of Scavenger | Competent Authority authorized by the Commissioners of the respective Corporations, Municipalities, Executive Officers, of the respective Town Panchayats and Presidents’ of the respective Village Panchayats |
| Children of Scavengers who are not employed in Corporations, Municipalities, Town Panchayats and Village Panchayats | District Collector or the authority authorized by the District Collector in this behalf. |
| Certificate for Differently abled | District Differently abled Rehabilitation Officer |

Sd/………………

Principal Secretary to Government.

//True Copy//

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**Form – III  
Registration Slip ( To be issued to the Parents/ Guardian)**

**For 25% Reservation under RTE Act 2009**

Name of the School :

Address :

Telephone Number : Fax:

Name of the Principal / Head of the Institution.:

Application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Child)

S/o. /D/o. / C/o. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is received on (date) \_\_\_\_\_\_\_\_\_\_\_\_

**Application Number :-**

1. Date of Display of eligible and ineligible applicants\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of hearing of appeal on rejected applications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of display of list of selected candidates along with waiting list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Admission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Principal / Head of the Institution

**Form – IV**

**Return Statement to be submitted to the IMS for the Year 2016-2017.**

Name of the School :

Address with Pin code :

Telephone Number :

Name of the Principal with Cell No. / Head of the Institution:

|  |  |
| --- | --- |
| Entry level class |  |
| Total No. of Seats in entry level class |  |
| Total no. of Seats under 25% Reservation for Disadvantaged/ Weaker Section |  |
| Number of unfilled Seats under 25% Reservation for Disadvantaged / Weaker Section |  |
| Name of the Bank and Place of Bank  Bank Account No. opened in the designation of the Principal with school name.  IFS Code  MICR Code |  |
| Remarks |  |

Signature of the Principal with School Seal /

Head of the Institution