



SRI KRISH

TEACHER TRAINING INSTITUTE

Affiliated to BSS, Govt of India, New Delhi Affiliation No: TN/6845

KOVUR, CHENNAI-128.

Ph: 8939331999

E-mail Id: srikrishmontessori@ski.edu.in

Affix Stamp size
recent colour photo

APPLICATION FORM FOR THE YEAR 20__ - 20__

Place: _____

(Note: Mention the Branch)

APPLICATION NO: _____

1. Course opted for _____

2. Name (In Block Letters) _____

3. Gender: Male ☐ Female ☐

4. Name of Father / Guardian / Husband _____

5. Present Address _____

_____ Phone _____

6. Permanent Address _____

_____ Phone _____

7. Date of Birth _____ Nationality / Religion _____

Email id: _____ Blood Group: _____

8. Mother Tongue _____

9. As per the Govt.: list belongs to SC ☐ ST ☐ OBC ☐ GEN ☐

10. Extra Curricular Activities 1. _____

2. _____

11. Basic Qualification _____

12. Course opted for certificate / Diploma / AD. Diploma Course _____

13. Regular / Postal _____

14. Medium: English ☐ Tamil ☐

15. FAMILY DETAILS:

Particulars	Father / Mother	Husband	Guardian
Name			
Occupation			
Annual Income			
Educational Qualification			
Phone No.			
E-mail ID			

DECLARATION

I have read the rules & Regulations of SRI KRISH MONTESSORI TEACHER TRAINING INSTITUTE and I assure that I will obey the rules & regulations. I will not ask any refund of fees paid. Personal details furnished above by me are true to the best of my knowledge.

Place:

Signature of Candidate

Date :

TO BE PROVIDED AT THE TIME OF ADMISSION (PHOTO COPIES only)

PLEASE DO NOT ATTACH ANY ORIGINALS WITH THE APPLICATION

- | | |
|---|--------------------------|
| 1. Copy of Birth Certificate | <input type="checkbox"/> |
| 2. Community Certificate (if applicable) | <input type="checkbox"/> |
| 3. Address Proof | <input type="checkbox"/> |
| 4. Occupation Proof | <input type="checkbox"/> |
| 5. Transfer Certificate (if applicable) | <input type="checkbox"/> |
| 6. Conduct Certificate | <input type="checkbox"/> |
| 7. Five Copies of recent passport size
colour photographs of the applicant | <input type="checkbox"/> |
| 8. Medical Certificates (if any) & Vaccinations record | <input type="checkbox"/> |
| 9. Passport and Visa Copy for foreign nationals | <input type="checkbox"/> |

OFFICE USE ONLY:

Name of the Applicant:

Admission No:

Fee Receipt No:

Date:

Note:-

- Application fee once paid is non-refundable.
- Retain a copy of the application for your record.
- Only on submission of all the document and records mentioned, will the candidate's application be processed.
- The Institute reserves the right to decline/cancel the admission to any candidate without assigning any reason. The decision of the institute is final and binding.
- Admission is subject to fulfilling the admission criteria and availability of seats.
- On receipt of information on provisional admission, the applicant need to pay the applicable fees.
- Those who do not pay the fees on or before the due date will forfeit admission.
- Original documents for all the attested copies may be carried for verification of pertinent information.
- Fess once paid is non-refundable.
- Filled application should be submitted on or before the scheduled date.

Signature of Candidate

KOVUR BRANCH

**1/191 A, RAJIV GANDHI NAGAR,
KUNDRATHUR MAIN ROAD,
KOVUR, CHENNAI -600128**

+91 8939331999

RATHINAMANGALAM BRANCH

**S.NO. 155 / 2A2, KANNIAMMAN NAGAR,
RATHINAMANGALAM,
CHENNAI -600127**

+91 8939331999