



Dr.P.G.V MATRIC HIGHER SECONDARY SCHOOL
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REGISTRATION FORM

Name of the pupil : _____

Date of Birth : _____

Gender : _____

Nationality and State : _____

Religion : _____

Parents / Guardian Name : _____

Address : _____

PIN CODE: _____

Phone / Mobile No. : _____

Class last studied, name of school : _____
Last attended and qualifier for : _____
Promotion _____

Course studied : _____

Class into which admission is sought : _____

Mother tongue of the pupil : _____

Language proposed to be taken under : _____
second Language Tamil / Hindi / French

Special area of interest : _____

Hostel facility if needed : _____

I declare that the above statement is true to my best of my knowledge and belief.

Station:

Date:

Signature of the Parent / Guardian