

Mohinder singh Memorial Public School

(Affiliated to CBSE New Delhi)

Sitarganj District: Udham Singh Nagar (Uttarakhand)

Sr. No.ADMISSION FORM

Class in which admission is sought for: Session.....

1. (a) Name of the child in Full (in capital letter):.....

(b) Sex: Male Female

2. Date of Birth: Day Month Year

Age of the students as on 31st March: year Month Day

3- Blood group of the child

4 -Do you belong to Gen./SC/ST/OBC/EWS/Disabled/S.G Child?
Attach certificate.

Gen.cat. SC ST OBC EWS Disabled SG Child

5- Details of Parents:

Details of Mother/Father	Mother	Father
Name in (Capital Letters)		

Nationality/occupation		
Full residential address with Tele.No		
Permanent Address		
Annual Income in (Rs.)		
Annual Income in (Rs.)		

6- Name & Address of local guardian (if any).....

7- Name & Address of the school last attended with class.....

8- whether last school was CBSE affiliated.....

9- If the last school was affiliated to CBSE, specify name of the Board:

10-(a)- Result of the last examination: (b)- Percentage.....

11- Subjects proposed to the offer: 1.....

2.....3.....4.....5.....

12- Whether the transfer certificate is attached YES/No Date of T.C

13- Mother tongue..... Home town

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct & to the best of my knowledge & belief.

Date.....

Signature of Parents

FOR THE OFFICE USE ONLY

1- Certified that I have checked the application form and the relevant papers are found in order.

Admission Incharge

2- Please admit to class..... Section..... After checking the relevant papers and realise the dues.

Date.....

PRINCIPAL

Admitted to class..... Section..... Fee Receipt No.....
Dated..... issued.

Details of amount received: Admission Fee. Rs.....

Tution Fee . Rs.....

Any Other Fee. Rs.....

Computer Fee. Rs.....

Total Rs.....

Name has been entered the class Attendance Register Yes No

Certified that all the entries have been made in the scholar's Register and the dues have been received.

Registration No. of the student in Admission withdrawal Register is Vol.....

Date.....

Office Suptd.

Admission considered by the school is in accordance with the provision of the Board & approved.

Date.....

Sign. of Principal/official seals