MOUNT CARMEL SCHOOL, ZIRAKPUR.

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APPLICATION FORM FOR REGISTRATION

Regn. No.: Date of Issue:	DI 400
1. Name of the Student in full	Please Affix Stamp Size Photographs of:
2. Date of Birth: . Date Month Year Sex (M/F)	
In Words:	Child
3. Class in which admission is sought	
4. Aadhaar Number of the Student:	
5. Religion Whether belongs to SC/ST [Yes/No] (If Yes, Attach a certified copy issued by the Competent Authority)	——— Father
6. Nationality	
7. Language(s) spoken at home (1)(2)(3)	
8. School Last Attended/ Studying in:	_
9. Name of the Father (In block letters)	Mother
10. Academic Qualification Profession/Occupation	Income p.m.
11. Name of the Mother (In block letters)	
12. Academic Qualification Profession/Occupation	Income p.m
13. Office Address & Tel. No./Mobile No. (Father)	
14. Office Address & Tel. No./Mobile No. (Mother)	
15. Residential Address	
16. Tel. /Mobile No.	
17. e-mail i.d. of Father/ Mother:	
18. Any real brother/ sister studying in this school:	, Class:

19. Sc	chool Alumni (Tick the appropriate box.	If yes, yea	r of passing)		Year of Passing		
	Father	NO		YES			
	Mother	NO		YES			
20. If School Transport required? [Yes/No]							
19. Medical information: Does your child have some Special Needs (Attach relevant proof) [Yes/No]							
If Yes, give details							
 Please register my Son/Daughter /Ward named above in your School. I shall produce the requisite documents at the time of admission. I understand and agree that Application of my ward does not guarantee admission into the School and that the Application charges are neither refundable nor transferable. 							
Date _	Parent's/Guardian's Signature						
Name (In block letters)							
On the day of admission the following documents should be submitted: 1. Self Attested photocopy of Birth Certificate of the child. 2. School Leaving Certificate/ Bonafide Certificate (For classes K.G. onwards) 3. Two passport size colour photographs of child. 4. Progress Report of the previous year. (For classes K.G. onwards) 5. Medical Fitness Certificate of the child. (From MBBS Doctor) 6. Self Attested copy of the Residence Proof of Parents/Guardian. 7. Self Attested copy of the Aadhaar Card of the child and Parents / Guardian. 8. Indemnity Bond (As per given format)							
FOR OFFICE USE ONLY Admitted the child in Class, Section on							
Signat	ure of the Principal.						