MOUNT CARMEL SCHOOL, ZIRAKPUR.

www.mountcarmelzirakpur.org, E-mail: mountcarmelzirakpur@gmail.com, Ph. 9023316714

APPLICATION FORM FOR REGISTRATION

Regn. No.: Date of Issue:	
1. Name of the Student in full	Please Affix Stamp Size Photographs of:
2. Date of Birth: 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]	Father
(If Yes, Attach a certified copy issued by the Competent Authority)	
6. Nationality	
7. Language(s) spoken at home (1)(2)(3)	Mother
8. School Last Attended/ Studying in:	
9. Name of the Father (In block letters)	
10. Academic QualificationProfession/Occupation-Govt / Private / Busine Income p.m	ess / Agriculture
11. Name of the Mother (In block letters)	
12. Academic QualificationProfession/Occupation- Govt / Private / Busin	iness / Agriculture
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:	ass:

19. School Alumni (Tick the appropriate box.	If yes, year of passing)	Year of Passing	
Father	NO	YES	
Mother	NO	YES	
20. If School Transport required? [Yes/No] _			
21. Medical information: Does your child have some Special Needs (Att	ach relevant proof) [Yes/No		
If Yes, give details			_
 Please register my Son/Daughter /Ward natime of admission. I understand and agree that Applicati Application charges and Admission fee 	on of my ward does not g	guarantee admission into the School	
Date	Parent's/Guardian's Sig	nature	_
	Name (In block letters)		
 On the day of admission the following do Self Attested photocopy of Birth Certi School Leaving Certificate/ Bonafide Two passport size colour photographs Progress Report of the previous year. Medical Fitness Certificate of the child Self Attested copy of the Residence Property. Self Attested copy of the Aadhaar Cartificate any of the above documents counties the submitted before start of the Academic 	ficate of the child. Certificate (For classes K. of child. (For classes K.G. onwards d. (From MBBS Doctor) roof of Parents/Guardian. d of the child and Parents ald not be submitted on the child of the	G. onwards) Or Guardian. The day of admission, the same N	MUST be
FC	OR OFFICE USE ONLY		
Admitted the child in Class	, Section	on	
Signature of the Principal.			