



MCB MEMORIAL SCHOOL

Santosh Bhawan, Jalpa Devi Ward No. 8, KATNI (M.P.)

FORM OF APPLICATION FOR REGISTRATION/ADMISSION

Sr. No. 03

Date of Application

Note : All Information in Block Letters only

1. Full Name of the Pupil

2. Date of Birth (Photocopy to be attached)(in Words).....

3. Whether General/SC/STCategorySSSM ID

Family IDAdhar No.

Bank A/c. No.....Bank Name.....IFSC Code.....

4. Full Name of Father

5. Full Name of Mother

6. Occupation of Father

7. Monthly Income of Father

8. Name and Address of Local Guardian, if any

.....Mob. (Father)(Mother)

9. Class to which admission is sought

10. Mother Tongue11. Nationality & Religion

DECLARATION BY THE PARENTS

(A) I hereby declare that the date of birth of my son/daughter
Date of birth furnished by me in column No. 2 is correct and
that i would not demand any change in it.

(B) I shall abide by the rules of the school.

(C) All Originals of enclosed documents be produced by me during the time of interview.

Date

Signature of the Parent/Guardian

Sr. No. 03

Acknowledgment Receipt/ Slip

This is to certified that admission form vide form No.of
Ku./Masterfor Class
has been deposited in the school Office.

Date Time

Signature of Principal/Administrator