

MALNAD PROGRESSIVE EDUCATION SOCIETY'S (M.P.E. SOCIETY'S)



CENTRAL SCHOOL (Affiliated to C.B.S.E.),

Affiliation No. : 830464

PRABHAT NAGAR, HONAVAR - 581 334 NORTH KANNADA KARNATAKA

Phone : 08387-222293 / 9483003893 E.mail : mpescbse@gmail.com

www.mpescentralschool.com

APPLICATION FOR ADMISSION

No. **001**

Admission No .

Academic Year :

1. a) Name in full (student's name) :
(Block Letters)
- b) Aadhar Card No. :
- c) Sex : Male Female
2. Date of Birth (In figure) : Day Month Year
(In words) :
Age of student as on 1st June : Day Month Year
3. Place of Birth :
4. Blood group of the student :
5. Nationality, Religion & Caste :
6. Do you belong to Gen/SC/ST/OBC/EWS/Minority? Attach certificate if applicable.
Gen. SC ST OBC EWS Minority
7. Languages/spoken :
8. Mother tongue : Home town
9. Whether the transfer certificate is attached : Yes/No
10. No. & date of T.C. issued by previous school with status of result :
11. Whether previous school was affiliated with CBSE : (Yes/No)
12. If, the previous school was not affiliated with CBSE, specify name of the Board
13. Any special interests hobbies in :
games, music or other
extra-curricular
activities, please specify.

14. Details of Parents :

Details	Mother	Father
i) Name : (in block letter)		
ii) Nationality		
iii) Religion & Caste		
iv) Occupation		
v) Aadhar No.		
vi) Name of the office & full address with Telephone No.		
vii) Full residential address with Telephone No.		
viii) Permanent Address:		
IX) Annual Income:		

15. Name & Address of local guardian (if any) :

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16. Record of previous education (Mention last 3 years) :

School attended	Year	Exams passed or standards studied in	Percentage of marks / Grade

17. Subject proposed to offer : 1. 2. 3.

4. 5. 6.

18. Has been inoculated [] : Triple Antigen, Polio, BCG, Cholera, Small Pox, Typhoid, Measles, Yellow fever, specify others.

19. Please give history of serious illness in the past if any (also enclose medical history sheet) :

20. Does the child have any identified allergies? :

21. Is child physical challenged ? :
(If yes mention)
22. List of names of brothers and sisters with their age :
23. Has the Child won any prizes or awards either for scholastic or other activity?
If yes, please give details : Yes / No
24. Has the child been removed from any other school for disciplinary/ academic reasons? If yes, please give details. : Yes / No
25. Will the child seeking any financial aid to meet the cost of education? If yes, from which source? : Yes / No

I certify that the information furnished above is complete and correct to the best of my knowledge. I agree and understand that registration of my child / ward is no guarantee of admission into the school and that registration fee paid, is neither refundable nor transferable.

Signature

Name (in Block letters)

Date :

Relationship to the child seeking admission

NOTE :

- Parents / guardians are required to kindly go through the conditions laid by the school before filling the application for registration of student and are required to strictly abide by all the terms and conditions stipulated by the school from time to time.
- The management reserves the right to add, delete or change any or all conditions / information mentioned in the prospectus with out notice.

FOR OFFICE USE ONLY

Application Received on :

Receipt No. and date :

Registration No. :

Remarks :

DECLARATION BY PARENT / GUARDIAN

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief, if any information or document supplied by me found to be incorrect, I will be responsible for the same. I shall abide by the rules of the Vidyalaya.

Signature of Pupil

Signature of Parent / Guardian

FOR OFFICE USE

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

Admission In charge

Please admit to Class.....Section..... after checking the relevant papers and realise the dues.

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

Date :

Place : Honavar

PRINCIPAL