MANGALDOI MAHARSHREE VIDYALAY, MANGALDOI

AFFILIATED TO CBSE

Maharshree Complex, Gerimari, Mangaldoi, Darrang, Assam - 784125
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Sl. No.

APPLICATION FORM FOR ADMISSION

Affix recent Passport size Photograph

A.	Particulars of Student:				
1.	Name (In full & block letter):				
2.	Date of Birth :				
4.	Admission prayed for Class:				
В.	Particulars of Parents/Guardians:				
	Mother:	Fath	ner/Guardian:		
1.	Name :				
2.	Educational Qualification :	2			
3.	Occupation :				
4.	Tel. No.	4			
5.	Nationality:	5.			
6.	Religion:				
7.	Caste:				
(In t	he absence of parents, the authorised guardian may furn However, in such case he/she may h	nish his/her information in the opt	tion Father/Guardian given above		
<u> </u>	ermanent Address: Vill./Town:				
0.	P.O.:				
	P.O.:				
D.	Particulars of the brother(s)/sister(s) studying in this school (if any):				
	Name :	Class:	Class: Sec.:		
	Name :	Class:	Sec.:		
E.	In case of student transferred from other school:				
1.	Name of the school last attended:				
2.	Class last attended:	Admission sought for:			
3.	Transfer Certificate No.	Date:	Date:		
4.	Reason for Transfer:				
	DEC.	NI ADATION			
1. We	the undersigned declare that all the facts furnished abo	CLARATION ve are true and absolutely correct	t. We also undertake that, in future v		
wi	Il not request the school authority to change any inform	ation furnished in this Application	n Form.		
3. Fur	shall abide by all rules, regulations and orders issued ther, we undertake that if our son/daughter/ward damagreof.	•			
	Mother (Signature in full)		Father/Guardian		

Note: At the time of Admission, photocopy of the following documents should be submitted: (1) Report Card/Pass Certificate, (2) Birth Certificate, (3) Caste Certificate (in case of SC/ST/OBC/MOBC etc.), (4) Transfer Certificate/School Leaving Certificate (5) Otherwise ability Certificate (if any) from competent authority along with original certificates. All original documents must be produced for verification.

FOR OFFICE USE ONLY

Registration No.:	Receipt No.:	Date:	Amount:	
Date of Test/Interview:				
Admission applied for Class	SS	Admission No.:		
S/o. D/o.:		is requested to b	oring his/her child for test/ir	nterviev
at A.M./P.M. o	n			
			OFFICE ASSISTAN	١T
Recommendation from	the selection committe	ee:		
Can be Admitted/Can't	be Admitted:			

PRINCIPAL