

Registration No. _____

Date: _____



MIS

MANCHESWAR INTERNATIONAL SCHOOL

Plot No. 15, Sector - A, Zone - B, Mancheswar Industrial Estate, Bhubaneswar, Odisha, Pin - 751010

Admission No.: _____

Date: _____

Recent
passport size
photograph is to
be affixed here

PLEASE USE CAPITAL LETTERS TO FILL IN THE FORM

APPLICATION FORM FOR ADMISSION				
	Admission to Class Academic year			
NAME				
DATE OF BIRTH	DD		MM	YY
RELIGION				
SEX	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
CATEGORY	<input type="checkbox"/> GENERAL <input type="checkbox"/> SC / ST (Submit supporting document)		<input type="checkbox"/> OBC (Submit supporting document) <input type="checkbox"/> OTHER (Specify)	
PHYSICAL DISABILITY [ANY CHRONIC DISEASE]	<input type="checkbox"/> YES	If yes mention type of Disability		MOTHER TONGUE :
	<input type="checkbox"/> NO			
STUDENT AADHAR NUMBER				
DETAILS OF SIBLINGS STUDYING IN THIS SCHOOL	NAME :			
	CLASS : SECTION :			
PRESENT POSTAL ADDRESS			
PERMANENT ADDRESS			
LANGUAGE(S) KNOWN	<input type="checkbox"/> ODIA <input type="checkbox"/> HINDI	<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER	MOTHER TONGUE :	
HEALTH DETAILS (IF SCHOOL NEEDS TO BE AWARE OF)				BLOOD GROUP
RECORD OF PREVIOUS SCHOOLS ATTENDED (IF APPLICABLE)	Name & Address of the School Attended with Phone No.		Year of Passing	Class Passed
				Marks / Grade

DETAILS OF PARENTS

<i>Details of Father/Guardian</i>		<i>Details of Mother</i>	
NAME		NAME	
AADHAR NO.		AADHAR NO.	
EDUCATIONAL QUALIFICATION		EDUCATIONAL QUALIFICATION	
PROFESSION WITH ADDRESS		PROFESSION WITH ADDRESS	
PHONE	(O) (R) (M)	PHONE	(O) (R) (M)
E-MAIL		E-MAIL	

WHETHER BPL CATEGORY YES NO IF YES, CARD NO. :

Details of Guardian

NAME		PROFESSION WITH ADDRESS :	
EDUCATIONAL QUALIFICATION			
ADDRESS		AADHAR NO. :	
			(O)
E-MAIL		PHONE	(R)
			(M)
CATEGORY : <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>
		GEN <input type="checkbox"/>	

DECLARATION BY THE PARENT / GUARDIAN

I do hereby declare that the date of birth of my son / daughter / ward, _____
 _____ furnished by me is according to the birth certificate. I have read all the rules and regulations of school and agree to abide them and all the decision of the school at all times.

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Certificate produced & Admission charges paid vide Receipt No. _____ Date _____
 Date of Admission _____ Date of joining _____ Class to which admitted _____
 Remarks _____

Signature of Principal

Documents to be submitted :

- Photocopy of Birth Certificate
- Photocopy of Report Card
- Present Postal Address Proof (Electricity bill/Telephone bill/Gas Connection Card etc.)
- Photocopy of Aadhar Card of Ward & Parents
- Photocopy of Caste Certificate (SC/ST/SEBC/Other disadvantaged group)
- Photocopy of ration card (BPL Card / APL Card)
- Copy of Transfer Certificate
- Four Passport size Colour Photographs of child
- Blood Group Certificate from Red Cross or Similar
- Two Passport size Colour Photographs of both the Parents/Guardian.
- Doctor/Medical Certificate in case of Disability/chronic Diseases