

REGISTRATION NO. _____

(For Office use only)

ADMISSION NO. _____

(For Office use only)

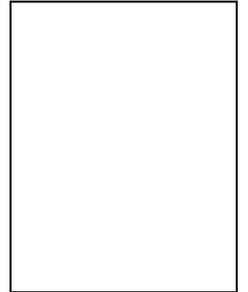
M.S. PUBLIC SCHOOL

KAITHAL ROAD, NISSING (KARNAL)

CBSE AFFILIATION NO.531115

APPLICATION FORM FOR REGISTRATION AND ADMISSION

ADMISSION SOUGHT To CLASS _____ SESSION _____



Please register the name of the son / daughter wants to admission to your school whose Particular are as under

1) Child's / Students name as full in Block letters _____

2) Date of Birth (in figures) D D M M Y E A R
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i. (in words) _____

ii. Age as on 31st March _____ Blood Group _____

3) Gender Male Female

4) Father's Name _____

5) Occupation _____ Education Qualification _____

6) Mother's Name _____ Education Qualification _____

7) Present Address _____

8) Telephone No.(R) _____ Office No. _____ Mobile No. _____

9) Father's Permanent Address _____

10) Deatails of Previous School(S) Attended _____

School Attended	Medium of Instruction	Year of stay From To	Last class passed studying	Aggregate Marks	Remarks

11) Sports / Extra achievments (if any)

a. _____

b. _____

I certify that I am Parent bonafied guardian of child and the information furnished above is correct to the best of my knowledge in the event of my child being admitted the school. I hereby undertake to abide by the school rules and procedures. I do understand that the decision of the principal in the school matter shall be final and binding on me and my ward. The school shall not be responsible for any accident or untoward happening in transporting the student form his/her house to school or vice-versa.

Date :

Signature of Parents / Guardians