



MPS PUBLIC SCHOOL

[A unit of Mahesh Pragati Sansthan]

Gram-Chappri, Sanganer-Shahpura Road

[An English Medium co-educational]

PHOTO

APPLICATION FORM

Serial No.....

S.R. No.....

Class.....

Session 20..... -20.....

Name of pupil (in capital letter)								Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Date of Birth				Age as on 01April of the session of Admission				(Attach a copy of self attested Birth Certificate)	
Mother Tongue				Nationality				Religion	
Particulars of Parents:				Father		Mother		Guardian	
Name									
Educational Qualifications									
Profession/Occupation									
Yearly Income *[Attach a copy of Self Attested Income Proof]									
Address and Contact: House No. & Street City, Dist. & Province Pin Code No. Telephone Office Mobile No. Preferred Mob. No. for SMS Email Address *Aadhar No.			 Father: Student..... Father.....	 Residence: Mother: Mother:			
Whether the child is allergic to something / any other medical problem which the school should be aware of (Attach Self Attested copy of Medical Report from Govt. Hospital)									
Contact-In-Emergency				Email Id		Phone No.		Mobile No.	
Mr./ Mrs. / Ms	
.....				

Category	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	GENERAL <input type="checkbox"/>	FOREIGNER <input type="checkbox"/>	MINORITY <input type="checkbox"/>
Mention Category type, if Minority						
[Attach Certificate as applicable]						
Please tick <input type="checkbox"/> in only one box as applicable						
Admission(desired in class)	Bus facility required Yes/No					
Name and Address of the Last School						
Class in which presently studying						
Date on which promoted to this class						
Name Siblings, if studying in MPS P.School ,Chappri (1) (2) (Attach Proof)	Name..... Class..... Section..... Name..... Class..... Section.....					
Name alumni-(Mother/Father) Attach Proof						
I have read the "instructions" given on the reverse of the form and in the prospectus and wish that my son/ daughter/ward be registered for admission to School. I note that the acceptance of the registration form and fee will not commit the school to admit my son/daughter/ward and that the registration fee is not refundable. I Undertake to abide by all the school rules and regulations for admission as in force from time to time and also agree that school decision shall be final for all purposes in admitting or rejecting the application for admission. Solemnly declare that my child/ward does not suffer from any contagious or chronic disease.						

Encl. - As above

Date.....

Place.....

Signature of Parent/Guardian