



# MATA HARKI DEVI SR. SEC. SCHOOL

A division of : Mata Harki Devi Memorial Education Society

S. No.....

## REGISTRATION FORM

Please affix  
recent  
passport  
size  
photograph  
of the child

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

1. Name : \_\_\_\_\_

2. Date of Birth (as per Birth Certificate/TC/Class X marksheet) : \_\_\_\_\_

3. Age as on 1<sup>st</sup> April 20\_\_\_\_ : \_\_\_\_\_

4. Male  Female

5. Admission sought for class.....as Boarder  Day Scholar

6. Stream (in case of admission in class XI & XII) 1. Medical  2. Non Medical

3. Commerce  4. Humanities

7. Category: 1. General  2. SC  3. ST  4. OBC  5. Staff Ward

8. Any real brother or sister studying in this school

Name \_\_\_\_\_ Adm. No \_\_\_\_\_ Class \_\_\_\_\_

9. Class in which currently studying \_\_\_\_\_

10. Name and address of present school \_\_\_\_\_

11. Mother Tongue \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_

12. Correspondence Address \_\_\_\_\_

13. Phone No \_\_\_\_\_

14. Parent Information

	Name	Qualification	Occupation
Father			
Mother			

# DECLARATION

I have read the school prospectus and all that is written therein is acceptable to me. I understand and agree that the registration of my child/ward does not guarantee admission to the school and that the registration fee is neither refundable nor transferrable. I understand that the school's decision on admission will be final.

I have attached a copy of my child's birth certificate and mark sheet of the previous class. I shall send the transfer certificate within one month of completion of admission formalities. I also undertake all responsibilities to ensure that I and my child will abide by all school rules in force. I certify that the above information is correct. In case any particulars are found to be incorrect at a later stage, the registration/admission may be cancelled without any refunds.

## DOCUMENTS ENCLOSED

1. Birth certificate
2. Previous Class mark-sheet
3. 2 passport size photographs

**Note:** Registration fee to be remitted in cash in the school office.

Date \_\_\_\_\_

(Signature of parent/guardian)

Place \_\_\_\_\_

Name \_\_\_\_\_

## FOR OFFICE USE ONLY

Registration No : \_\_\_\_\_

Date : \_\_\_\_\_

Receipt No. : \_\_\_\_\_

Amount : \_\_\_\_\_

Bank Detail : \_\_\_\_\_

(Accountant) \_\_\_\_\_