



MADHUSTHALI VIDYAPEETH

CO-ED. ENGLISH MEDIUM, RESIDENTIAL SCHOOL
AFFILIATED TO CISCE - NEW DELHI
School Code : JH 055



Campus : Madhupur, Deoghar-815 353, Jharkhand Ph: 09931565416/8084272772, Email : info@madhusthal.edu.in, Website : www.madhusthal.edu.in

Trust office : Laxmi Niketan, 1st Floor, 243, G. T. Road (N), Liluah, Howrah-711204
Ph.: +91 332654 8604/05 Fax : +91 33 2654 3388

APPLICATION FORM

REGISTRATION NO.

(To be filled in BLOCK LETTERS using BLACK or BLUE ink)

STUDENT INFORMATION

Affix a recent stamp size colour photograph of student	Sex	Male	Female	Seeking Admission for Class _____			
	First Name			Surname			
	Date of Birth			Place of Birth			
	Nationality			Religion			
	Mother Tongue			Language Spoken at home			
	Category		General		SC	ST	OBC
	Nearest Railway Station				Nearest Airport		
Identification Marks							
Dietary preference		Veg	Non-Veg	Any Restriction			
Medical Information		Blood Group		Allergies			
Chronic Ailment		Physical Disability					
Any other health problem							
School History (most recent school first)							
School Name		Class		Board		Location	
Other Children in the Family							
Name		Age		Sex		School/College	

PARENT'S DETAILS		Father	Mother
Sur Name			
First Name			
Educational Qualification			
Address for Correspondence			
Country		City	Pin Code
Residential Tel.			
Mobile			
SMS / Whats App No. (Parent's Only)			
E-mail (Parent's Only)			
Occupation			
Company Name			
Permanent Address			
Alternate Contact No.*			

*(An emergency number to be used if parents are unreachable. This could be the mobile number of Uncle, neighbour etc, not the parent's number)

Stream & Combination of subjects for XI (in case of Class XI Admission)

SCIENCE GROUP	COMMERCE GROUP	HUMANITIES GROUP
English	English	English
Physics	Accounts	Geography
Chemistry	Commerce	History
Biology/Mathematics	Economics/Mathematics	Economics/Mathematics
Computer Sc./Hindi/Physical Edu.	Computer Sc./Hindi/Physical Edu.	Computer Sc./Hindi/Physical Edu.

AUTHORISED GUARDIAN NAME		OCCUPATION	
POSTAL ADDRESS			
CONTACT NUMBER		E- MAIL ID	
RELATIONSHIP WITH STUDENT			

UNDERTAKING BY PARENTS

- The information given in the form is true to our knowledge and belief. If any information is found to be contrary to the facts, the admission of our ward may be cancelled at any stage.
- We are aware that registration does not guarantee admission and that the registration fee is neither transferrable nor refundable. That our ward is not suffering from any contagious or hereditary disease
- The no legal case/police complaint concerning our ward is pending in a court of law/police station.
- We hereby certify that our ward and we shall follow all the admission procedures and the overall working of the school as stated by the school management.
- We understand that the decision of the school management shall be final and binding on us.
- We agree that our ward and we will abide by all the rules and regulations of the school in force now and put afterwards by the Managing Committee of the school in future.

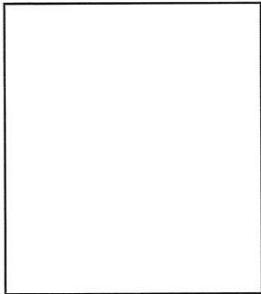
Note

1. In case of any change in phone no. / email ID / address, please inform the school immediately.
2. Please furnish the **FUNCTIONAL** email of PARENTS and AUTHORISED GUARDIAN, wherever applicable.
3. NO MADHUSTHALI VIDYAPEETH STAFF MEMBER is allowed to be the Local Guardian.
4. Only the Authorised Guardian, whose name is mentioned in this form, will be permitted to collect his/her ward and only after submitting a letter of authorization from the parent concerned.
5. In case of **EMERGENCY**, prior permission to collect the child must be taken from the Principal at principal@madhusthali.edu.in, Cell No. 8797062199
6. Passport Photograph of Parents, Child and Authorised Guardian and all information in this form is mandatory to fill.

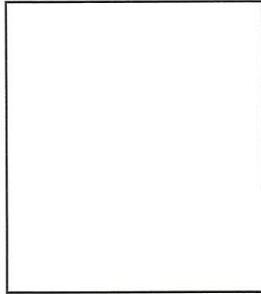
I confirm the accuracy of the information provided and hereby certify that the above information is true.

Father's Signature	Mother's Signature	Authorised Guardian's Signature

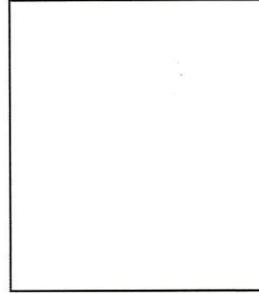
PLEASE AFFIX PASSPORT SIZE PHOTOGRAPHS OF PARENTS & GUARDIAN HERE



Father



Mother



Authorised Guardian

For office use only

Written assessment taken on _____ by _____

Interaction taken place on _____ by _____

Id No. _____ Date of admission _____ Admitted to class _____

Document checklist:

At the time of submission of Registration Form	If shortlisted for admission	After admission offer
1) Registration Form 1) Birth Certificate Copy 2) Parents ID Proof	1) Medical Form 2) Last report card (if applicable) 3) Proof of residence address 4) ST/SC/OBC(if any)	1) Agreement Form 2) Transfer certificate (Required for admission to class 3 and above)

Signature of receiving authority & Date