

Maharishi Centre for Educational Excellence



ADMISSION FORM

SESSION - 20..... - 20.....

Photo

No. **2407**

1. Full Name of the Student _____
2. Date of Birth Age : Year Month Gender F / M
3. Religion _____ Caste (General OBC/ ST/SC) _____ Nationality _____
4. Admission for Class _____
5. Aadhar No. _____ SSSMID _____
6. Last School Attended _____
7. Transfer Certificate No. _____ Dated _____ Class _____
8. Particulars of Parents/Guardian :
 - a) Name of Father _____
 - b) Name of Mother _____
 - c) Name of Guardian _____
 - d) Educational Qualification of Parents/Guardian :

| | | |
|--------------|--------------|----------------|
| Father _____ | Mother _____ | Guardian _____ |
|--------------|--------------|----------------|
 - e) Occupation : ☐ Govt. Service (Central/State) ☐ Public ☐ Private Sector ☐ Business
☐ Maharishi Organisation's Employee ☐ Any Other (Specify) _____
 - f) E-mail _____ Annual Income _____
 - g) No. of Children _____ Age _____ Studying in school/college _____
9. Residential Address _____
 _____ Tel. (STD Code) _____ Mobile _____
10. Office Address _____
 _____ Tel. (STD Code) _____ Fax, _____
11. Address for Correspondence _____

I Certify that all information provided here and the date of birth entered above is correct.
 I solemnly declare that I shall abide by all the rules and regulations of the school.

Date _____

Full Signature of Parents/Guardian _____

Note : The date of birth in this admission form can not be altered later. In case of first admission in school, Photocopy of birth certificate along with the original birth certificate issued by competent authority shall be produced. Original Birth Certificate shall be returned after verification.

For Office Use only

Registration No. _____ Receipt No. _____ Date _____ Amount _____
 Date of Test/Interview _____ Authorised Signatory _____
 Admission to : Class & Section _____ Admission No. _____

Principal

Acknowledgment

Registration No. **2407** Date _____
 Received Rs. _____ as registration fee from Shri/Smt./Ku. _____
 for the registration of _____ Son/Daughter of _____
 You are requested to bring your ward for Test/Interview on _____ at _____ a.m./p.m.

Authorised Signatory