



REGIONAL SHIKSHA MISSION

(DISE CODE: 23040513113, BOARD: MPBSE)

Address: Maa Vaishnopuram, AB Road, Birla Nagar, Gwalior(M.P)

ADMISSION FORM

* FOR OFFICIAL USE ONLY

ADMISSION SESSION: _____ ADMISISON CLASS: _____ MEDIUM: _____ ADM ID: _____ REG. ID: _____

PERSONAL DETAILS

STUDENT'S PHOTO

FATHER'S PHOTO

MOTHER'S PHOTO

NAME: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S EDUCATION: _____ FATHER'S OCCUPATION: _____

MOTHER'S EDUCATION: _____ MOTHER'S OCCUPATION: _____

GENDER: MALE / FEMALE BLOOD GROUP: _____

CATEGORY: GEN / OBC / SC / ST RELIGION: _____ CASTE: _____

ADMISSION DETAILS

CLASS: _____ MEDIUM: _____ STREAM: _____

RTE: _____ REGISTRATION NO: _____ VERIFICATION NO: _____

PREVIOUS SCHOOL DETAILS

CLASS: _____ SCHOOL NAME: _____ TC NUMBER: _____

CONTACT DETAILS

ADDRESS: _____

CITY: _____ STATE: _____ PINCODE: _____

MOB NO: _____ ALT. MOB NO: _____ EMAIL: _____

BANK DETAILS

BANK NAME: _____

ACCOUNT NO.: _____ IFSC CODE: _____

LIST OF ENCLOSED DOCUMENTS

- | | | | | | |
|------------------------------|---|--------------|---|---------------|-------|
| 1. DATE OF BIRTH CERTIFICATE | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 2. SAMAGRA ID / SSSMID | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 3. AADHAAR | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 4. PARENT'S AADHAAR | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 5. DOMICILE | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 6. CASTE CERTIFICATE | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 7. INCOME CERTIFICATE | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 8. TC: | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 9. MARKSHEET | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 10. | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |
| 11. | : | [] ORIGINAL | / | [] PHOTOCOPY | _____ |

DECLARATION

I Father / Mother / Gardian of hereby declare that the information given above by me is true to my knowledge and belief and I am fully aware of the rules and regulation of the school. If anything is found to be incorrect or the rules and regulation are not followed, my ward is liable to be restriction from the institution.

DATE: _____

Parent's Signature

REMARK:

DATE: _____

Principal's Signature