



MOTHER'S PRIDE SCHOOL, DHEMAJI

AFFILIATED TO C.B.S.E. DELHI

AFFILIATION NUMBER = 230189

No.1 Nareng Survey Village, Aradhal, Dhemaji

Helpline - 9435088689,7002598260 | Email - info@mpsdhemaji.in

PASTE THE
PHOTOGRAPH

REGISTRATION FORM

Admission Form for Session 20____ - 20____

Admission No. _____

Date = ____/____/20____

Admission sought for class _____

(INFORMATION REGARDING THE APPLICANT)

1. Name in full = _____

2. Class applied = _____ Date of Birth = _____ Nationality = _____

3. Brother/Sister studying in the School (if any) = _____

4. Language (S) spoken at home = _____

Religion = _____ Caste = _____ Gender = _____

5. Any problem occurring frequently = _____

6. Family information –

Father's Name = _____

Permanent Address = _____

Tel No. _____ Occupation = _____

7. Mother's Name = _____

Occupation = _____

Tel No. _____

8. Admission Under 2(e) of RTE Act 2009

SC ST CWSN Orphan Migrant & Street Children

HIV infected Transgender OBC (BPL)

9. Distance from school to Residence

i) less than 1 km ii) less than 3 km iii) less than 5 km

10. Aadhar No. of Child = _____

11. Annual Income of family = _____

12. Bank account no. of child = _____

IFSC Code = _____

Bank Name = _____

Branch = _____

13. Type of Disability = _____

I, Solemnly declare that the particulars given above are true and correct to the best of my knowledge.

Date - _____

Place - _____

Signature of Parent/Guardian

Note –

- ❖ The form must be signed by parents/Guardian only.
- ❖ At least one person must accompany the child at the time of admission.
- ❖ Collection of Registration form does not ensure admission.
- ❖ Submit two copies of passport size photograph.
- ❖ Xerox copy of Birth Certificate.
- ❖ All documents as per RTE Act. 2009

Motto. Lead to enlightened the world of knowledge