



MAHARAJA AGARSAIN PUBLIC SCHOOL

Affiliated to C.B.S.E. Delhi

Sector-13 Vasundhara, Ghaziabad U.P.

Phone : (0120) 2884604, 09818370098, e-mail: mapsvasundhara@gmail.com

Form No. : _____

REGISTRATION FORM

Parents are requested to note that

- ◆ This is not an Admission Form, nor does the submission of the form entitle any child automatic admission to the School.
- ◆ Any pressure or recommendation that is brought to bear on the school Authorities will automatically disqualify this application.

Affix recent
passport size
photograph
here

DETAILS OF THE CHILD :

1. Name of the child _____ Sex : M F

2. Nationality _____ Religion _____ Mother Tongue _____

3. Category : i) SC ii) ST iii) Rural iv) OBC v) Other

(Note : Attach relevant proof if any of the categories mentioned above is ticked)

4. Date of Birth
Day Month Year

5. a. Class to which admission is sought : _____

b. School and class last attended (if any) : _____

6. Residential Address/Contact Address : _____

a. Residential Phone No. (S) : _____ Mobile _____ e-mail _____

b. Emergency Contact No. : _____

7. Details of sisters and brothers in chronological order including the applicant.

	Name	Age Class / Sec	M/F	School
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

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REGISTRATION FORM ACKNOWLEDGMENT

Date _____

Received Rs. _____ from _____ Class _____

S/o, D/o, _____ as registration fee _____.

Sign. of Acc. off. _____

8. Details of Parents :

MOTHER

Name : _____
 Age : _____
 Qualifications : _____
 Occupation : _____
 Name of : _____
 Organization : _____
 Designation : _____
 Office Address : _____
 (If applicable)
 Office Tel. No. : _____
 Annual Income : _____

FATHER

Name : _____
 Age : _____
 Qualifications : _____
 Occupation : _____
 Name of : _____
 Organization : _____
 Designation : _____
 Office Address : _____
 (If applicable)
 Office Tel. No. : _____
 Annual Income : _____

9. Marital Status : Married Divorced Separated Widowed

Note : If the child is an adopted child please submit copy of legal adoption papers.

DECLARATION :

This is to certify that the facts given by me on the application form are true. I understand that if any part of it is found to be false, this form will be cancelled. I also accept that filling the application form does not ensure a meeting with the Principal or Staff.

Date : _____

Signature of Mother

Signature of Father / Guardian

Documents to be attached with registration form :

- a) Attested photocopy of Municipal Birth Certificate/ (applicable to Playgroup, K.G., Prep Class I)
- b) Attested copy of T.C. duly counter signed by Directorate of Education/concerned Board (Class II onward)
- c) Two recent passport size photograph of the child (one photograph should be pasted on the space provided on form).
- d) Photocopy of Report card of Class last attended.

Both the parents are requested to come for an interaction with teachers along with your ward.

Mr. / Miss _____ on _____
 at _____

(Please bring this slip along with you)