



# MONGIA SCHOOL

Be Your Own Light

Reliance Petrol Pump, Udnabad, Giridih, - 815301 (Jharkhand)

E-mail: schoolmongia@gmail.com, Contact : 7281000485

Toll Free No. : 1800 889 3502

Candidate  
Photo

## APPLICATION FORM

Reg: \_\_\_\_\_

Date:          
D D M M Y Y Y Y

Student Admission No. :

(For Office Use Only)

Cluster Applied For :

## STUDENT INFORMATION

First Name:

Middle Name:

Last Name:

Gender: Boy:  Girl:  Other:

Date of Birth:

Place of Birth:

Mother Tongue:

Nationality:

Religion:

Caste & Sub Caste:

You Belong to: SC  ST  OBC  GENERAL

Address - Local:

Add. - Permanent:

Same as Above:

Telephone (Resi.):

Contact No. :

E-mail:

## FAMILY INFORMATION

Father's Name:

Mother's Name:

\*Father's Occupation:

Mother's Occupation:

Annual Income of Guardian:

No. of Siblings:

Name	Age	Grade	Current School

## ACADEMIC INFORMATION

Class currently studying in:

Class Seeking Admission to:

Name of previous school :

Medium of instruction:

2nd Language studied:

3rd Language Studied:

## CO-CURRICULAR INFORMATION

Hobbies:

Sports Played:

Participation in Interschool/District/State Level/ National Level Competitions

Awards Received:

## IN CASE OF ANY EMERGENCY PLEASE CONTACT:

Name:

Relation Of Children:

Contact No:

### Declaration

I Promise to obey the rules and regulations of the School, I will abide by the School policies in all Academic and disciplinary matters.

Date:

Signature of the Father

Signature of the Mother

## HEALTH INFORMATION

Blood Group:

Height:

cms

Weight:

kgs

Identification Marks:

## MEDICAL CERTIFICATE

I certify that I have personally examined Mr./Miss. \_\_\_\_\_  
aged \_\_\_\_\_ years and he/she is medically fit to join the school and take part in all  
sports and other activities. He/She is also free from any communicable/Cardiac/  
endocrinological disease.

Date:

Signature of Medical Practitioner

Signature of the Parent

Name & Designation and  
Seal of the Medical Practitioner

## STUDENT ID FORM (Fill in Block Letters only)

STUDENT NAME:

FATHER'S NAME:

MOTHER'S NAME:

ROLL NO. :

DATE OF BIRTH :

Candidate  
Photo

## LIST OF DOCUMENTS TO BE ATTACHED

- \* 5 Coloured passport size photographs of the child with name print of the front.
- \* 2 Coloured passport size photographs of the Parent.
- \* Copy of the child's birth certificate.
- \* Copy of the previous school's marks card and other certificates.
- \* Original Transfer certificate.
- \* Medical Certificates (where applicable).
- \* Caste certificate where applicable.
- \* Income Certificate where applicable.
- \* Merit Certificate of scholarship where applicable.
- \* Immunization record for Pre Primary Students only.

## FOR OFFICE USE ONLY

Admission Status:

Yes

No

  
**Principal**  
**Management Representative**

Date :

Place:

Mode of Payment:

Remarks:

