MAHARAJA AGARSAIN PUBLIC SCHOOL
Affiliated To C.B.S.E. Delhi
Sector-13, Vasundhara, Ghaziabad (U.P.)
Phone : (0120) 2884604, 09818370098. Email: mapsmail@sify.com

FORM NO.: 13 085  REGISTRATION FORM

Parents are requested to note that
◆ This is not an Admission Form, nor does the submission of this 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.

DETAILS OF 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) Others □
   (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. __________________________
MOTHER
Name: ____________________________
Age: ____________________________
Qualification: ____________________
Occupation: ______________________
Name of Organization: ____________
Designation: _____________________
Office Address: ____________________
(If applicable)
Office Tel. No.: ____________________
Annual Income: ____________________

FATHER
Name: ____________________________
Age: ____________________________
Qualification: ____________________
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 1)
  b) Attested copy of T.C. duly counter signed by Directorate of Education/concerned Board (Class II onwards)
  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)