



MODERN CONVENT SCHOOL

NEAR HABIB HOSPITAL KHETASARAI JAUNPUR

Ph. 011 - 25061091

Photograph of the student

Photograph of the father

Photograph of the mother

INFORMATION ABOUT STUDENT

Name of the student (In block letter)

First Name Middle Name Last Name

Date Of Birth Aadhar No. Gender

Admission- Old New

(a) Age as an 1st April of the Academic Year: Day Month year

(Day)

(Month)

(Year)

(PHOTOCOPY OF BIRTH CERTIFICATE OF M.C.D/T.C. TO BE ENCLOSED)

Father's Name

Mother's Name

Sibling Status(if)

Present Address

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Nationality Religion

Category-Gen. OBC SC/ST Caste Category

Contact No. Landline with area

E-mail ID

Correspondence address

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PREVIOUS ACADEMIC RECORD

Name of the last attended school with

Class/Grade Class Marks Obtained

OTHER DETAILS

Father's educational qualification

Father's occupation Aadhar No

Mother's educational qualification

Mother's occupation Aadhar No

FOR TRANSPORT REQUIREMENT

Name of the

Residential address

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Contact No.

(Please keep the school informed of the changes in the address and contact Numbers)

From where you go to know about our school?

By word of mouth Through Newspaper

Our website Any other source

Why did you choose our School?

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DECLARATION OF THE FATHER/MOTHER/GUARDIAN

I Hereby certify that the information given in the registration from by me is accurate and complete. I understand and agree that mis representation or omission of facts will lead to denial and cancellation of admission or expulsion. I have read and hereby agree to the Terms and Conditions enclosed with the registration form

Signature of the Father/Mother/Guardian

Date: ___ / ___ / _____

Note: Colored Photo-3, Aadhar Card Photocopy-2, Marksheet Photocopy-2, Transfer Certificate- Original.



application received for

FOR OFFICE USE ONLY

Application No.

Name of the student

application received for class.

Date

Signature