



MUNDLE EDUCATIONAL TRUST'S
MUNDLE PUBLIC SCHOOL & JUNIOR COLLEGE

(Affiliated to Maharashtra State Board of Secondary & Higher Secondary Education)

Near Outer Ring Road, Wardha Road, Nagpur – 441 108.

Phone : 07103-275765 Mobile : 9373282664 Email : mpsoffice1@gmail.com

Form No. _____

Stamp sized
recent coloured
photograph of student

Admission Form

To,

**The Principal,
Mundle Public School & Junior College
Wardha Road Nagpur**

I wish to admit my son / daughter / ward to your school. I agree to follow all the rules of the school applicable from time to time.

1. Name of the Student : _____
(In block Letters) First Name Middle Name Last Name

2. Date of Birth : ____/____/____
In figures In words

3. Place of Birth : _____ Gender : Male / Female
Town / City District State / Country

4. Standard to which admission is sought : _____ Nationality : _____

5. Mother Tongue : _____ Caste : _____ Religion : _____

6. Name of the previous school with UDISE No.: _____

7. Medium of instructions in previous school (if applicable) : _____

8. Name of Father / Guardian : _____ / Mother : _____

9. Relationship of student with the Guardian (if applicable) : _____

10. Occupation of Parents/Guardian: _____ Professional Qualifications : _____ Monthly Income Rs. _____

11. Address for communication : _____

12. Mobile / Phone nos. : _____

13. Email address : _____

14. Health problems of the student (if any) : _____

15. Interests / likings / hobbies of the student : _____

15. Aadhar Card No : _____

I am enclosing following documents with this form for your record –

(Strike off whichever is not applicable)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Birth Certificate by Municipal Corporation | - For admission to first standard |
| <input type="checkbox"/> Transfer Certificate by previous school | - For admission to higher standard |
| <input type="checkbox"/> Mark list of previous standard attended. | - For admission to higher standard |
| <input type="checkbox"/> Caste certificate | - If applicable |
| <input type="checkbox"/> Medical fitness certificate | - If applicable |

All the information given above is true to the best of my knowledge and belief.

Date : _____

Place : _____

Signature of Father / Guardian