MOUNT CARMEL SCHOOL, SECTOR 47-B, CHANDIGARH.

[www.mountcarmelchd.org](http://www.mountcarmelchd.org), e-mail: [mountcarmelchd@gmail.com](mailto:mountcarmelchd@gmail.com), Ph. 2630145, 9041012137

**A P P L I C A T I O N F O R M FOR REGISTRATION**

Regn. No.: \_\_\_\_\_\_\_\_\_\_. Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Affix Stamp Size Photographs of:**

Child

1. Name of the Student in full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Month Year

2. Date of Birth: . Sex (M / F) \_\_\_\_\_\_\_\_\_\_

In Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Class in which admission is sought \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father

4. Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Whether belongs to SC/ST [Yes/No] \_\_\_\_\_\_\_\_\_\_\_\_\_

(If Yes, Attach a certified copy issued by the Competent Authority)

5. Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Language(s) spoken at home (1) \_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_

7. School Last Attended/ Studying in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother

8. Name of the Father (In block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Academic Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income p.m. \_\_\_\_\_\_\_\_

10. Name of the Mother (In block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Academic Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_ Profession/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income p.m. \_\_\_\_\_\_\_\_

12. Office Address & Tel. No./Mobile No. (Father) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Office Address & Tel. No./Mobile No. (Mother) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Tel. /Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. e-mail i.d. of Father/ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Any real brother/ sister studying in this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Class: \_\_\_\_\_\_\_\_\_\_\_\_

Please Affix Stamp Size Photograph of the Sibling

**P.T.O.**

18. School Alumni (Tick the appropriate box. If yes, year of passing) Year of Passing

NO

YES

Father

YES

NO

Mother

19. If School Transport required? [Yes/No] \_\_\_\_\_\_\_\_\_\_\_\_\_

20. Medical information:

Does your child have some Special Needs (Attach relevant proof) [Yes/No] \_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please register my Son/Daughter /Ward named above in your School. I shall produce the requisite documents at the time of admission.
* I understand and agree that Application of my ward does not guarantee admission into the School and that the Application charges are neither refundable nor transferable.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (In block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On the day of admission the following documents should be submitted:**

1. Self Attested photocopy of Birth Certificate of the child.
2. School Leaving Certificate/ Bonafide Certificate (For classes K.G. onwards)
3. Two passport size colour photographs of child.
4. Progress Report of the previous year. (For classes K.G. onwards)
5. Medical Fitness Certificate of the child. (From MBBS Doctor)
6. Self Attested copy of the Residence Proof of Parents/Guardian.

**FOR OFFICE USE ONLY**

Admitted the child in Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Principal.