



# MOUNT CARMEL SCHOOL, SECTOR 47-B, CHANDIGARH

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## APPLICATION FORM FOR REGISTRATION

SESSION : \_\_\_\_\_

Registration No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ National Code: \_\_\_\_\_

APAAR ID: \_\_\_\_\_ Adhaar ID: \_\_\_\_\_

Please Affix Stamp  
Size Photographs of:

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

Child

2. Date of Birth:      Date      Month      Year  
                          □□      □□      □□□□

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

3: Sex (M / F) \_\_\_\_\_

Father

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

5. Religion \_\_\_\_\_. Whether belongs to SC/ST [Yes/No] \_\_\_\_\_  
(If Yes, Attach a certified copy issued by the Competent Authority)

6. Nationality: \_\_\_\_\_

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

Mother

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

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

Academic Qualification \_\_\_\_\_

Profession/Occupation & Designation \_\_\_\_\_ Income p.m. \_\_\_\_\_

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

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

Academic Qualification \_\_\_\_\_

Profession/Occupation & Designation \_\_\_\_\_ Income p.m. \_\_\_\_\_

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

\_\_\_\_\_

11. Residential Address \_\_\_\_\_

\_\_\_\_\_

12. Tel. /Mobile No. \_\_\_\_\_

13. E-mail ID of Father/ Mother: \_\_\_\_\_

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

Class: \_\_\_\_\_

Admission Number: \_\_\_\_\_

Please Affix  
Stamp Size  
Photograph of  
the Sibling

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

Father

NO

YES

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Mother

NO

YES

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

17. 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 \_\_\_\_\_

Father's Signature \_\_\_\_\_

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

Mother's Signature \_\_\_\_\_

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

**On the day of Registration 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.
5. Medical Fitness Certificate of the child. (From MBBS Doctor)
6. Self-Attested copy of the Residence Proof of Parents/Guardian.
7. Adhar Card Copy of Parent & the child.

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**FOR OFFICE USE ONLY**

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

*Signature of the Principal*