

Registration No. _____

Admission No. _____

Class _____



MONTGOMERY GURU NANAK PUBLIC SCHOOL

Form No. _____

 ADARSH NAGAR, JALANDHAR
 (CBSE Affiliation Number 1630011)

 PHONE: 0181-2254463-64, 2472467, FAX : 0181-2204426, E-mail : mgnps@yahoo.in
 Website: www.mgnpsjal.com

APPLICATION FOR REGISTRATION AS A DAY SCHOLAR / BOARDER

NOTE: MAKE ALL THE ENTRIES IN CAPITAL LETTERS ONLY

Day Scholar / Boarder _____

Admission to Class _____ Session _____

1. Name of the Child : First Name _____

Middle Name _____ Last Name _____

2. Date of Birth of Child: ____ / ____ / ____ Gender: Male / Female _____

(in words) _____

(Photostat copy of original birth certificate to be attached)

3. Residential Address _____

4. Previous Schooling:

S. No.	Name of School and Place	Classes Studied	Period		Status of School Recognized / Unrecognized
			From	To	

5. Medium of instruction in previous school(s) _____

6. a. Nationality _____ b. Mother Tongue _____ c. Religion _____

7. School Transport Facility: Required Not Required (Tick mark)8. Category: General SC/ST BC OBC Other _____

OTHER DETAILS OF THE CHILD

9. Blood Group _____ 10. Height in cm's _____ 11. Weight _____

13. Vision: (L) _____ (R) _____

14. Medication Required _____

15. Identification Mark _____

 Affix
 a passport
 size photograph

REAL BROTHER / SISTER DETAILS
(Studying in MGN Public School, Adarsh Nagar Branch Only)

16. (a) Name _____ Class _____ Adm. No. _____

(b) Name _____ Class _____ Adm. No. _____

PARENT/ GUARDIAN DETAILS

MOTHER'S DETAIL

(a) Name _____

(b) Occupation _____

(c) Phone No. _____

(d) Mobile No. _____

(e) Qualification _____

(f) E-mail _____

(g) Annual income _____

(h) Office Address _____

FATHER'S DETAIL

(a) Name _____

(b) Occupation _____

(c) Phone No. _____

(d) Mobile No. _____

(e) Qualification _____

(f) E-mail _____

(g) Annual income _____

(h) Office Address _____

DECLARATION

I agree to abide by the rules and regulations of the Montgomery Guru Nanak Public School, Adarsh Nagar, Jalandhar.

Signature of Father _____

Signature of Mother _____

Date : ____ / ____ / ____

Signature of Guardian _____

NOTE:

All the entries should be filled carefully. No Change in particulars will be accepted after the submission of form.

FOR OFFICE USE ONLY

Registration No. _____ Receipt No. _____ Date ____ / ____ / ____ for Rs. _____

Class _____ Adm. No. _____ Date of Admission ____ / ____ / ____

Class to which admitted _____ House Allotted. _____

FEES REMITTED

A) School Charges

Receipt No. _____ Amount _____ Date ____ / ____ / ____

Class Teacher

Head Clerk

I/c Hostel

Principal