

# MALABIKA PUBLIC SCHOOL

CO-EDUCATION :: ENGLISH MEDIUM

**YOURS HOPE :: OUR DREAM**

Estd.-3rd Dec. 2019

Serapur Etowaribar, Mecheda Bypass More, (Beside of Sanjiban Hospital) Contai, Purba Medinipur, W.B., 721401.

Govt.Regd.-



## STUDENT'S ADMISSION FORM

|  |                                    |                                     |                                   |                                   |                                 |
|--|------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| Admission Seeking in<br>(Put tick marks) | <input type="checkbox"/> Nursery   | <input type="checkbox"/> LKG        | <input type="checkbox"/> UKG      | <input type="checkbox"/> STD-I    | <input type="checkbox"/> STD-II |
|  | <input type="checkbox"/> STD-III   | <input type="checkbox"/> STD-IV     | <input type="checkbox"/> Class-V  | <input type="checkbox"/> Class-VI |                                 |
|  | <input type="checkbox"/> Class-VII | <input type="checkbox"/> Class-VIII | <input type="checkbox"/> Class-IX | <input type="checkbox"/> Class-X  |                                 |

Form No. -

Regd. No. -

Year -

Location -

### Candidate's Personal Details :-

Student's Name : .....

Date of Birth : .....

(Xerox Copy of Birth Certificate)

SC/ST/OBC/General Copy of Certificate : .....

Place of Birth : .....

Gender : .....

Nationality : ..... Religion : .....

Identification Marks : .....

Present School, if any : .....

First Language : .....

Other Language Known : .....

AADHAAR No. : ..... Blood Group : .....

Residential Address and family information : .....

Address : At.- ..... P.O. .... P.S. ....

Dist.- ..... State ..... Country .....

PIN Code .....

### Father :-

Full Name : .....

Qualification : .....

Occupation : .....

Designation : .....

Phone : .....

E-mail : .....

Attach  
a recent  
P.P. Size  
Colour  
Photograph

Attach  
a recent  
P.P. Size  
Colour  
Photograph

**Mother :-**

Full Name : .....

Qualification : .....

Occupation : .....

Designation : .....

Phone : .....

E-mail : .....

Attach  
a recent  
P.P. Size  
colour  
Photograph

**Guardian :- (if applicable)**

Full Name : .....

Relation with Student : .....

Phone : .....

E-mail : .....

Attach  
a recent  
P.P. Size  
colour  
Photograph

Name and Address of the.....

Persons to be contacted.....

(in case of emergency) and Mobile No. ....

**DECLARATION**

*I/we confirm that all the information provided by me/us is correct. I/we further agree to inform the school promptly, in writing of any subsequent changes. I/we agree to meet financial responsibilities promptly. I/we understand that any incorrect information given by me/us will render this application invalid and consequently the admission granted will be cancelled.*

Date .....

Signature  
Parents / Guardian

**FOR SCHOOL OFFICE USE ONLY**

**Checklist :-**

Birth Certificate

P.P. Size Photo of the student

Cast Certificate

Transfer Certificate

Blood Group Copy

P.P. Size Photo Parents / Guardian

Admission Fees

Name of the Student .....

Class ..... Section .....

Signature  
(Seal)  
(Admission Officer)

Date .....