



# ST. MARY'S CONVENT SCHOOL

KAURAL P.O. - 244251, AMROHA DIST. (U.P.)

## REGISTRATION FORM

(TO BE FILLED UP IN BLOCK LETTERS)

2400

No. \_\_\_\_\_ Class to which admission is sought \_\_\_\_\_

- I. (a) \_\_\_\_\_  
Child's Name in Full (Boy/Girl)
- (b) Date of birth \_\_\_\_\_ (c) Mother Tongue \_\_\_\_\_
- (d) \_\_\_\_\_ (e) Religion \_\_\_\_\_  
Nationality and Home Town
- (f) Scheduled Caste / Tribe / O.B.C. / Others \_\_\_\_\_
- (g) School in which studying at present \_\_\_\_\_
- (h) Class in which studying \_\_\_\_\_ (i) The Academic year of that school \_\_\_\_\_

Fix a recent passport size photograph of the child.  
(Same as below)

- II. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Father's name and Educational Qualifications Mother's name and Educational Qualifications
- (c) \_\_\_\_\_ (d) \_\_\_\_\_  
Father's profession Mother's Profession

- III. (a) Home Address (Father & Mother) \_\_\_\_\_ (b) Office Address (Father) \_\_\_\_\_ (c) Office Address (Mother) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Ph. No. \_\_\_\_\_ Ph. No. \_\_\_\_\_ Ph. No. \_\_\_\_\_

- (d) Family yearly income from all sources \_\_\_\_\_
- IV. Is the Child suffering from any disease or sickness? If yes, name the disease.  
\_\_\_\_\_
- V. Any special reason in favour of your child's admission to this school  
\_\_\_\_\_
- Date of return of Registration Form \_\_\_\_\_

NOTE : (1) (a) Your child's admission will depend on his performance in the test, the vacancy in the class to which admission is sought, and the decision of the management. The decision will be final and there will be no further consideration.  
(b) Admission will be strictly on the basis of merit. Recommendations, or any other effort to influence, persuade or prevail upon the authorities will automatically debar your child/ward from being admitted to this school.

(2) ALONG WITH THE COMPLETED REGISTRATION FORM THE DATE OF BIRTH CERTIFICATE IN ORIGINAL (FROM THE MUNICIPALITY/GRAM PANCHAYAT ADHIKARI) TO BE PRODUCED AND A PHOTOSTAT COPY SHOULD BE SUBMITTED.

(3) Any error in the information given above will make the registration invalid.

Dated \_\_\_\_\_ Signature of Parents \_\_\_\_\_  
Father / Mother

To be cut from here

## ACKNOWLEDGEMENT

(To be kept very safely)

No. 2400 Please pin up this on the chest of your child at the time of the Test

1. Name of the Child (Boy/Girl) \_\_\_\_\_
2. Class in which admission is sought \_\_\_\_\_
3. Father's Name (In Block Letters) \_\_\_\_\_

Dated \_\_\_\_\_ (Principal)

Fix a recent passport size photograph of the child.  
(Same as above)

- N. B. 1. Please present this at the time of test.  
2. The result of the test will be announced only with the number given on the Registration Form.