

MITHILA ACADEMY PUBLIC SCHOOL

(AFFILIATED TO CBSE, AFFILIATION NO.-3430263)

Sector-4/E, Bokaro Steel City (Jharkhand). Contact No : 06542-354473, 7033859521

Website : www.mapsbokaro.org, E-mail : mithilaacademy121@gmail.com

ADMISSION FORM

Adm No. _____

Affix photo of Father
(Passport Size)

Affix photo of Mother
(Passport Size)

Affix photo of Child
(Passport Size)

Admission Required for Class

Note : Please use capital letters only.

We, _____ and, _____ wish

to admit our son/daughter/ward whose particulars are given below as a day scholar at Mithila Academy Public School

A. INFORMATION OF THE CHILD

First Name Last Name

Gender ☐ Male ☐ Female Date of Birth

DD	MM	YY
20	10	2024

Blood Group Religion Nationality

☐ SC/ ☐ ST/ ☒ OBC[illegible]**LOCAL RESIDENTIAL ADDRESS****PERMANENT ADDRESS**

Tel.:

Tel.:

E-mail:

Distance from school (in kms): Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)

Name of the person to be contacted

Relationship

FAMILY INFORMATION

Father's Name:

Age:

Nationality:

Educational Qualification:

Aadhar No. :

Occupation:

Office Address:

Designation:

Tel:

Annual Income:

Age:

Nationality:

Mother's Name:

Aadhar No. :

Educational Qualification:

Office Address:

Occupation:

Designation:

Tel:

Annual Income:

Details of Brothers / Sisters of the student studying in this school.

	Name	Age	Name of the Institution	Standard
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the student have any major ailment(s), including any allergy that the school should be aware of? (if Yes) Give Details

In case of staff ward:

Name of the parent:

• Local Guardian's Information

Name :

Relationship :

Address :

Contact No. :

B. ENCLOSURES (without which this application will not be accepted)

- ☐ Aadhar Card of Applicant
- ☐ Birth Certificate
- ☐ Transfer Certificate / School Leaving Certificate (If Applicable)
- ☐ Provisional Marksheet
- ☐ Parents Address Proof (Aadhar, Voter etc)

Please note: Staple all documents to the top left-hand corner of the application

The above documents photocopies (duly attested) must be produced along with the completed application form:

C. MISCELLANEOUS

How did you hear about the Mithila Academy Public School.

Name of person

Website

Others (please specify)/hoardings/pamphlets/
word of mouth/ catalogue

DECLARATION

I, _____ have the authority to admit my child/ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Parent / Guardian

Mithila Academy Public School (For the Office use only)

Date _____

Admission granted in class : _____

Admission No. : _____

Session : _____

Date of Admission : _____

Admission Co-ordinator

Office In-Charge

Head of the Institution

Adm. No. _____

STUDENT COPY

Date: _____

Pupil/Name _____

Class _____

Date of Test _____ Signature _____