

Rashtrakavi Maithili Sharan Gupt Public School

(Affiliated to the Central Board of Secondary Education, New Delhi. via Code No. 2131746)

Near Power House, Main Road, Chirgaon, Jhansi-284301



Registration Form

Sir/Madam,

Date: _____

Kindly register the name of my son/daughter for admission in your school. The required particulars with respect to the candidate are given below:

1. Name of the Student (In Capital Letters) : _____
2. Father's Name : _____
Occupation /Qualification/ : _____
3. Mother's Name : _____
Occupation/Qualification : _____
4. Class in which Admission is sought : _____
5. Date of Birth of the Candidate : _____
6. Age as on March 31, 20__ : _____
7. Guardian's name & Address : _____
8. Telephone No./Email : _____
9. Residential Address : _____
10. Bus Facility to be Availed? : Yes No
11. If Yes then source place : _____

It is promised that I/we shall not claim admission of my/our ward if admission is rejected on any grounds whatsoever.

Date : _____

Yours Sincerely

Signature & Name _____

ACKNOWLEDGEMENT

Received from (Father's/Guardian's Name & Address: _____

_____ Name of Student : _____ Class in

which Admission is sought : _____ Date & Time of Admission Test : _____

Note :

1- Fee deposited at the time of admission is non refundable.

2- Transfer certificate and date of birth certificate (original) must be produced at the time of admission

Signature of Office Superintendent : _____