



# MOUNT CARMEL PUBLIC SCHOOL

Jagriti Vihar, Bypass Mission School Road, Aurangabad (Bihar) - 824101

Ph : 7859097066/7762047700

E-mail : info@mcps.in / admission@mcps.in | www.mcps.in

PHOTO

## ADMISSION FORM

Student Name \_\_\_\_\_  
(In CAPITAL Letters)

Father's Name \_\_\_\_\_

Qualification \_\_\_\_\_

Mother's Name \_\_\_\_\_

Qualification \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as on 31.01.20 \_\_\_\_\_ Age (Yrs) \_\_\_\_\_

SEX Male/Female \_\_\_\_\_ Class to be admitted \_\_\_\_\_

Previous School Name \_\_\_\_\_

Parent's Occupation \_\_\_\_\_

Present Address for communication \_\_\_\_\_

P.O. \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin code \_\_\_\_\_

Phone \_\_\_\_\_ (R) (ii) \_\_\_\_\_ (O)

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Category GEN/SC/ST/OTHER \_\_\_\_\_

### DECLARATION

\_\_\_\_\_ hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Place \_\_\_\_\_

Date \_\_\_\_\_

*Signature of Parent/ Guardian*

### For Office Use Only

Admission No \_\_\_\_\_

School Bus (Cab) Facility YES/NO \_\_\_\_\_

Class \_\_\_\_\_ Roll.No \_\_\_\_\_ Section \_\_\_\_\_

Admission Confirmed in Day/ Boarding \_\_\_\_\_

*Signature of Principal*