

No.

R.R. MORARKA PUBLIC SCHOOL

(Managed By R.R. Morarka Charitable Trust, Mumbai)

Dwarikesh Nagar, P.O. Medhpurasultan, Dist. Bijnor - 246 762 (UP)

Phone : (01343) 267061-64 ; Fax : 267065

Website : www.rrmps.com ; E-mail : principal@rrmps.com

(Affiliated to CBSE, Delhi, Affl. No. 2130396)

REGISTRATION FORM

200__ - 200__ - CLASS : _____

(PLEASE FILL IN THIS FORM IN CAPITAL LETTERS ONLY)

Affix a recent
passport size
photo of
candidate

01. Name of Candidate (Full) : _____

02. Sex : _____ (Male / Female) ; Blood Group : _____

03. Date of Birth :

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 Day

--	--

 Month

--	--	--	--

 Year

In words _____

(Please attach a self attested photocopy of the certificate issued by a competent authority in support of the date of birth mentioned here.)

04. Age as on 01.04.200__ : _____ Day _____ Month _____ Year

05. Father's Name (Full) : _____

Education : _____ Occupation & Designation _____

Address (For Communication) : _____

_____ PIN : _____ State : _____

Phone No. : _____ Mobile No. : _____ E-mail ID : _____

06. Mother's Name (Full) : _____

Education : _____ Occupation & Designation _____

Address : _____

_____ PIN : _____ State : _____

Phone No. : _____ Mobile No. : _____ E-mail ID : _____

07. Guardian's Name (Full) : _____

Education : _____ Occupation & Designation _____

Address : _____

_____ PIN : _____ State : _____

Phone No. : _____ Mobile No. : _____ E-mail ID : _____

08. Permanent Address : _____

_____ PIN : _____ State : _____

09. Family's approximate annual income : Rs. _____

10. (a) Category : _____ (General / SC / ST / OBC).
(Please attach a self attested photocopy of the certificate issued by a competent authority, in support of the category, if it is SC/ST/OBC)

(b) Religion : _____ (c) Nationality : _____

11. (a) Name & Address of the school where the candidate is studying / studied last :

(b) Class & Session in which the candidate is studying / studied last : _____

(c) Medium of Instruction : _____ (English / Any other, specify)

(d) Class & Session to which admission is sought in RRMPS : _____
Stream : _____ (for Senior Secondary Section)

12. Details of real brothers / sisters : studying / studied in RRMPS.

	Name	Class	Adm No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DECLARATION

I, hereby, declare that the above given particulars of my child are true to the best of my knowledge and belief. I, hereby, agree to abide by all the Rules and Regulations of the school in force from time to time, and accept the school's decision in regard to subject choices and placement as final.

Relationship with the child : _____ (Signature of Parent / Guardian)

Place : _____

Date : _____

Note : Registration for admission does not guarantee admission. Admission will be subject to eligibility and suitability of the candidate and availability of seat.

FOR OFFICE USE ONLY

Registration No. _____ Reg. Fee Receipt No. _____ Date _____

Admission Test / Interview Date _____ Time _____

Admission Refused / Granted to Class : _____ Session : _____

Remarks :

AUTHORISED SIGNATORY

PRINCIPAL