(Affiliated to C.B.S.E., New Delhi) Affiliation No. 2131477 M.P.S.M. GRACE CONVENT Sr. Sec. SCHOOL Opp. Geneshra Sports Stedium, [Behind Rodhapurom Estate], MATHURA-281001

Tel. : 0565-6455	707, 9837001851 www.mpsmgrace	e.com	
.No	DMISSION FORM		Passport Size Photograph of
ss in which Admission is sought for :	Session .		the Student
(a) Name of the Child in full (in capital			
			1
(b) Sex Male Fe	emale 🗍		
Date of Birth : Day Mon			
The T			
In words.			
Age of the Student as on 31" march	Year Month	n Da	ay
Blood Group of the Child.			
Do you belong to Gen./SC/ST/OBC/EW Gen.Cat. SC ST	/S/Disabled/S.G. Child? Attach Certific OBC EWS	cate. Disable	d SG Ch
	EWS EWS	District	300
Details of Parents:			
Details of Mother/Father	Mother	Fathe	ır
(i) Name (in capital letters)			
(ii) Nationality & Occupation			
(iii) Name of Office & full address with			
Telephon No.			
(iv) Full residential address with tele. N	16.		
0.000.00.00.00.00.00.00.00.00.00.00.00.			
(v) Permanent Address			
(vi) Annual Income in Rs.			
Name & Address of local guardian (if an			
Name & Address of the School last atte			
Whether last school was CBSE affiliated			
If, the last school was not affiliated with	200 B CONTROL OF STREET COMES OF STREET CONTROL CONTR		
(a), Result of last examination:			
Subjects proposed to offer: 1			
3 4			
Whether the transfer certificate is attach	CONTRACTOR	f T.C.:	
Mother tongue:	Home town:		
DEC	CLARATION BY THE PARENTS		
I hereby declare that the above informa I shall abide by the rules if the Vidyalays		last of my knowle	dge & belief.
Date :		Sinns	ature of Parer

FOR THE OFFICE USE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

			Admission Incharge			
2.	Please admit to Classrealise the dues.	Section	after ch	necking the	relevant papers	s and
	Date				Prir	ncipal
	Admitted to Class		Receipt	No		
	Details of amount received:	Admission Fee	Rs			
		Tution Fee	Rs.			
		Any other Fee		R	s	100
		COTALter Fee	Rs.	201107111111)
	Name has been entered in the Class. Certified that all the entries have been		No and the do	ues have b	een received.	
	Registration No. of the student in Adm	nission Withdrawal Register is			Vol	
	Date:				Office S	uptd.
	Admission considered by the school i	s accordance with the provisions	of the Boa	rd & appro	oved.	
	Date:			Sign. of F	Principal/Official	Seal



M.P.S.M. KINDERGARTEN SCHOOL Opp. Ganeshra Sports Stadium, (Behind Radhapuram Estate), MATHURA-281001 Tel.: 0565-6455707, 7055033336 E-mail: mpsmkindergarten@yahoo.com

No	ADMISSION FO	RM)	Passport Size Photograph o
ss in which Admission is sou	ght for :	Session	the Student
(a) Name of the Child in full (in capital letters) :		
(b) Sex Male	Female		
Date of Birth : Day	Month Year	Ti .	
In words			
Age of the Student as on 31" m		Month D	lay
Blood Group of the Child			
Gen.Cat. SC ST Details of Parents:	OBC/EWS/Disabled/S.G. Child? A OBC	EWS Disable	sd SGC
Details of Mother/Father	Mother	Fath	er
(i) Name (in capital letters)			
(ii) Nationality & Occupation			
(iii) Name of Office & full addr Telephon No.	ess with		
(iv) Full residential address wi	th tele. No.		
(v) Permanent Address			
(vi) Annual Income in Rs.	1		
Name & Address of the School Whether last school was CBSE	ian (if any). last attended with Class: affiliated: ted with CBSE, specify name of the		
	5		
Whether the transfer certificate		Date of T.C.:	
HENRY THE EXCENSION OF THE PARTY OF THE PART			
I hereby declare that the above I shall abide by the rules if the	DECLARATION BY THE PARI information furnished by me is co vidyalaya.	and the second s	edge & belief
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