MB INTERNATIONAL SR. SEC. SCHOOL

Opp. Patwar Prashikshan Kendra, Rawatbhata Road, Nayagaon
Kota (Raj.) -324010 Tel. : 7230949999

Affiliated to CBSE New Delhi/Affiliation No. 1730366

Website : - www.mbischoolkota.com mail us :- mbinternationalkota@gmail.com

Medium : English

Passport Size Photo

Scholar No. : ____

ADMISSION-FORM

1. Student's Name
2. Mother's Name
3. Father's Name
4. Aadhar No.
5. Occupation : (I) Father's _____ Mother's _____
   (II) Annual Income (Father/ Mother) _____ _____
6. Permanent Address _____ Tel. No. _____
   Mob.(Self) _____ (Father) _____ (Mother) _____
7. Local Guardian's Address _____
8. Date of Birth (in figure) ____ 9. Nationality _____
   Date of Birth (in words) _____
10. Gender M ☐ F ☐ 11. Caste (Photocopy of Certificate) GN ☐ SC ☐ ST ☐ OBC ☐ Minority ☐
12. Class in which admission desired _____ Class which passed previous year _____
13. Name of the last school _____
14. Previous Board Attended _____
15. (I) Percentage scored in class VIII _____ Class X _____
    (II) Roll No. in Class X _____
16. Optional Subjects for class XI and XII 1. ☐ 2. ☐ 3. ☐
    4. ☐ 5. ☐ 6. ☐
17. e mail (Father):_____ e mail (Student):_____
18. Blood Group _____ 19. Only Child : Yes / No_____

(A) I hereby declare that the documents/certificates produced by me are true. If found false/incorrect, I will be fully responsible about the opposite effect occured.
(B) I hereby declare that I have do not any original documents/certificate at this time. I will submit them within 15 days.

RECEIVED THE T.C., MARKSHEET, BIRTH CERTIFICATE, I.D. Proof.

Student's Signature **Father's/Guardian's Signature**

FOR OFFICE USE ONLY

Students's Name _____ On the behalf of written / oral details students position, the Students is able / unable to be admitted. So he / she is given / not give admission in the class _____

Signature of Principal

Student _____ in class _____ section _____ is admitted

Original T.C. ☐ **Mark Sheet** ☐ **Birth Certificate** ☐ **Migration** ☐

Certificate is check & Received Amount Rupees _____ Receipt No. _____ Date _____

Signature head of the office