



MOON LIGHT PUBLIC SCHOOL

SISAULI, DISTT.- MUZAFFARNAGAR U.P.

Run & Managed by Moon Light Technical Education Society.

Affiliated to CBSE, New Delhi, Affiliation No. - 2130957

Website- www.mlpsmzn.com

E-mail- 81231@cbseshiksha.in

School Code- 81231

ADMISSION FORM

Registration No. Date Admission No. Last School Pen No.

ISSUE OF REGISTRATION FORM DOES NOT GUARANTEE ADMISSION AS SHEET OR LIMITED TO BE FILLED IN BLOCK LETTERS

Please register the name of my son/daughter ward for the admission in your school

1. Admission sought to: Class -----Session-----

2. Students's Name (in Block Letters) -

3. Date of birth (in words and in figures) Year ----- Month ----- Date -----

4. Do You belong to General ☐ SC/ST ☐ OBC ☐ EWS ☐ Disable ☐ S.G. Child ☐ Attach certificate? ☐

5. Nationality ----- Region ----- Sex-----

6. Admitted Enrolled Under (i) None ☐ (ii) Section 12 of RTE ☐ (iii) Person with PWD ☐ (iv) Disadvantaged Group ☐ (v) Other ☐

7. Father Name -----Qualification-----

Occupation ----- Phone ----- Annual Income -----

8. Mother's Name -----Qualification-----

Occupation ----- Phone ----- Annual Income -----

9. Guardian's Name(If any)-----Address-----

Occupation -----Designation----- Annual Income-----

10.Hometown -----State-----Country-----

Nearest railway station-----

Address (Permanent)-----

(Present)-----

11. Detail of any real brother or sister studying in Moonlight Public School

Name of Child

Admission No.

Class/Sec.

1-----

2-----

12. Whether last school was CBSE -----

13. If the last school was not affiliated with CBSE specify name the board-----

14. Subjects proposed to offer 1----- 2-----

3----- 4----- 5----- 6-----

7----- 8----- 9----- 10-----

Signature of father

Signature of Guardian's

Signature of mother

Other than class Nursery, No Admission is complete until and unless transfer certificate is submitted in original form from last School

- (a) Name of previous school-----
(b) Class in which he/she was studying in the last school-----
(c) Position obtained in the last examination in the previous school
(d) Medium of instruction in previous school (English or Hindi)-----
(e) Proficiency in games/Co_Curricular/outstanding achievements (if any)-----
(f) Certificates may be enclosed for proficiency in games/Co_Curricular/outstanding achievements (if any)-----
(g) Details of marks obtained in the last annual exam (in%)

15- Declaration

- (I) I know that registration fees are non-refundable and fully understand that registration is not binding for admission. Admission may be given only when suitable vacancy exists and child's performance in the entrance test is satisfactory as for the school norms.
(II) In case my child is admitted in the school may take arrangement for inoculation against Thyroid and Cholera & Vaccination against Small Pox of my child by doctor.
(III) I have made careful lot of various details regarding the payment of school fees I have made satisfactory arrangements for remittance in school account it would be the sole discretion of the guardians if fully understand that the fee will not be refunded.
(IV) I hereby here certify that the date of month birth and spelling of name of my child/ward giving in the form are correct to the best of my knowledge and I shall not make any request of change it.

Medical Information

Blood group-----Eye sight-----Any other disease its details-----

Recommendation of members of the Managing Committee/Principal-----

A- Admission approved/Not Approved Yes ☐ No ☐
Transfer Certificate ☐ Received ☐ Not received
If received TC No.-----Date-----
School -----
Result Card Received ☐ Not received ☐
Passport size photograph (4 Copies of Students) Received ☐ Not Received ☐
Passport size photograph (Two copies of Mother, Father, Guardian) Received ☐ not received ☐

Medical Officer Report submitted ☐ not submitted ☐

Admission No.-----Class-----Section-----House-----

B- D.O.B. certificate Certi.No. Aadhar No
Aadhar Card Student Received
Aadhar Card Father Received
Aadhar Card Mother Received
Guardian Received

Admission Clerk

Date:-----

Admission Fees Rs.-----Tuition Fees Rs.-----

Development Fund Rs.-----Computer fees Rs.-----

Total Amount Received Rs.-----Receipt No.-----Date-----

Signature of Clerk/Accountant

Signature of Rap. Teacher/Manager

Date:-----

Approved/Non Approved