



ज्ञानं परमं ध्येयम्

M D
INTERNATIONAL SCHOOL
Mandawar Road, Bijnor (U.P.)
Session 20.....- 20.....

Registration Form

Form No.....

Dated.....

1. Registration sought inClass
2. Name (In Capital).....
3. Date of birth (in figures).....
(In words).....
4. (a) Father's Name.....
(b) Occupation.....
(Designation/Nature of Business).....
(c) Fax..... Cell..... E-mail.....
(d) Contact Address.....
5. (a) Mother's Name.....
(b) Occupation.....
(Designation/Nature of Business).....
(c) Fax..... Cell..... E-mail.....
6. Category : Gen SC ST OBC EWS Others (Please Tick)
7. Name of the Real Brother/Sister Admitted/Seeking admission in M.D.I.S.
1. Name..... CI & Sec..... Status.....
2. Name..... CI & Sec..... Status.....
8. Annual Income.....
9. (a) Name of the Previous School/Schools the applicant has studied in

School	Board	From	To

(b) When was the student promoted to the present class in the last school.....
(c) Medium of instruction in the previous school English Hindi
10. Nationality..... Religion.....

Date:

Sign. of the parent/Guardian

For office use only

The Admission Cell

M.D.I.S.

Dear Madam/Sir

Kindly examine.....S/D of.....for admission to
Class.....

Date.....

Account Officer

Recommendation of the Admission Cell

The Principal

Respected Madam/Sir,

I Recommend.....for admission to class.....

Date.....

In-charge Admission Cell

Principal's Order

Admission granted to class.....not granted

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Principal's Signature