



M.S. MEMORIAL ACADEMY

Affiliated To CBSE Delhi 10 +2 (Co - ed)

Rukunpura, Bailey Road, (Vir Basawan Nagar, Near Patliputra Station), Patna - 14

REGISTRATION / ADMISSION FORM

Aadhar No. _____

Registration No. _____ Date : _____

Admission No. _____

Photograph

ISSUE OF REGISTRATION FORM NOT GUARNTTEE ADMISSION AS SEATS ARE 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 _____

2. Child's Name in Full (Surname First) _____

3. Date of Birth (In words and Figures) _____

Year _____ Months _____ Days _____

4. E-mail ID : _____ Category _____

5. Nationaliry of Child _____ Religion _____

6. Father's Name _____

Occupation _____ Designation _____ Annual Income _____

Organisation Name & address _____

Academic Qualification _____

Phone (Office) _____ Residence _____ (Mobile No) _____

7. Mother's Name _____

Occupation _____ Designation _____ Annual Income _____

Organisation Name & address _____

Academic Qualification _____

Phone (Office) _____ Residence _____ (Mobile No) _____

8. Guardian's Name _____

Occupation _____ Designation _____ Annual Income _____

Organisation Name & address _____

Academic Qualification _____

Phone (Office) _____ Residence _____ (Mobile No) _____

9. a) Home Town _____ State _____ Country _____
Nearest Railway Station / Airport _____
b) Address : (Permanent) _____

(Present) _____

10. Details of any real brother or sister studying IN MSMA :

	Name of the child	Admn. No.	Class / Section	Remarks
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Any other information

Staff Child (Mention the name of the parent(s):working at MSMA)

If the Parents is Dispute mention year of passing from MSMA

11. Medical information :- _____

Blood Group : _____

Immunization Status (Attach Photocopy of Immunization Card)

BCG ☐ OPV ☐ DPT ☐ Booster for OPV ☐ Booster for DTP ☐
Measles ☐ MMR ☐ Typhoid ☐ Hepatitis - B ☐ Any Other ☐

Allergies if any, medicine and food _____

Birth History / History of major illness or disorder, if any _____

Signature of Father's / Guardian

Signature of Mother

N.B.

- At the time of admission, an attested copy of Muncipal Birth Certificate of Certificate from the school attended (applicable)
- Four Passport size photographs of student & two photos each of Father, mother, & Guardian will be submitted for school records.
- Other than class Nursery, no admission is completed until Transfer Certificate in original from the last school is submitted.
- 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 ____ out of ____ in the Year _____
d) Medium of instruction in previous school (English / Hindi) _____
e) Proficiency in game / co - curricular / outstanding achievements if (any) _____
f) Certificate may be enclosed for proficiency in Game / Co - curricular/ Outstanding Achievements (if any) _____
g) Details of marks obtained in the last annual exam (in%) _____

SUBJECT	MARKS

10. Declaration

- i) I Know that Registration fee is non - refundable & fully understand that registration in not binding ffor admission. It may be given only when suitable vacancy esists and child's performance in the test is satisfactory as per the school norms.
- ii) In case my child is admitted, the school may makke arrangements for inoculation against Typhoid and Cholera & vaccination against small Pox to my child by school doctor.
- iii) I have made careful note of various details regarding the payment of school fee. I have made satisfactory arrangements for remittance of full fee in school account would be the sole discretion of the guardian. I fully understand ththat the fee will not be refunded.
- iv) I hereby certify ththat the date of birth & spelling of name of child / ward given in this Form are correct to the best of my knowledge and I shall not make any request for change.
- v) I hereby certify that in case I do not claim the Caution Money paid by me for a period of two years.
- vi) I understand that rendering false or misleading information or with holding correct infor mation or with holding correct information may disqualify the child for admission / educa tion at this school.
- vii) I certify that I am the bonafide guardian of the child.
- viii) Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ ward in M.S.Memorial Academy , I hereby agree to abibe by them in all respects. I understand that the decision of the management of the school shall be final and binding on me.
- ix) I hereby certify that my ward and myself follow all the rules, regulation & procedures laid down by school from time to time.
- x) I herby put my signature to confirm the above declarations.

Date : _____
Place : _____
Address _____

Father :
Mother :

Signature of Father / Mother

Name in Full (Block Letters)

For office Use Only

Recommendation of Member(s) Managing Committee / Principal _____

Admission Approved / Not approved

Principal

Transfer Certificate : Received ☐

Not Received ☐

If received, TC No. _____ Date : _____

School _____

Passport Size Photograph (four copies of student) Received ☐ Not Received ☐

Passport size Photographs (Two each of Father

Mother & Guardian) Received ☐ Not Received ☐

Medical Officer's Report : Submitted ☐ Not Submitted ☐

Other Documents, if any _____

Admission No. _____ Class _____ Section _____ House _____

Admission Clerk

Date _____

Admission Fee. Rs. _____ Tuition Fee Rs. _____

Total Amount Received Rs. _____ Amalgamated Fee Rs. _____

Receipt No. _____ Date _____

Signature of A/c Clerk Manager - Account

Class

Signature of Rep. Teacher/ Manager -
Admission

Date _____

Signature of Principal / Authorised Signatory

Approved / Not Approved

TRANSPORTATION FORM

[Use Capital Letters Only]

Admission No. _____

We request that our ward particulars are given below may be permitted to use the school bus for his / her return journey between _____ And MSMA w.e.f. _____ in the event of his / her admission to the school.

Photograph

INFORMATION THE CHILD

Last Name _____ First Name _____
Gender : Male ☐ Female ☐ Date of Birth
Age _____ Class _____ Section _____

Home Address _____

_____ Phone (Residence) _____

Phone (Office) _____ Emergency / Mobile _____

Declaration :

- (1) We undertake to pay the bus fee according to the rules in force from time to time.
- (2) We understand that it would be our responsibility to drop and pick -up our child at / from the specified bus - stop.
- (3) We accept that bus facility is extended to our ward at our own risk and responsibility.
- (4) We understand that our ward will be allowed to travel in the bus only if seat is available on the route
- (5) We have read and do hereby consent to the terms and conditions regarding transportation.

Signature of Father / Mother

Guardian Signature

Date

MEDICAL FORM

(Use Capital Letters Only)

Admission No. _____

Note : Please keep us inform of changes in address and also any other information concerning the health of your child relevant to his / her care during school hours.

photograph

INFORMATION OF THE CHILD

Last Name _____ First Name _____

Gender : Male ☐ Female ☐ Date of Birth

Age _____ Class _____ Section _____

Father's Last Name _____ First Name _____

Mother's Last Name _____ First Name _____

Home Address _____

_____ Phone (Residence) _____

Phone (Office) _____ Emergency / Mobile _____

MEDICAL INFORMATION

Blood Group : _____

Immunization Status (Attach Photocopy of Immunization Card)

BCG ☐ OPV ☐ DPT ☐ Booster for OPV ☐ Booster for DPT ☐

Measles ☐ MMR ☐ Typhoid ☐ Hepatitis - B ☐ Any Other ☐

Allergies if any, medicine and food _____

Birth History / History of major illness or disorder, if any _____

**Signature of
Father / Guardian**

**Signature of
Mother / Guardian**

**Signature of
Family Doctor(With seal)**

Date _____

Regn. No. _____

Tel. No. _____