



# MAR THOMA PUBLIC SCHOOL

SCHEME No. 114 - PART 1, INDORE  
(English Medium, M.P. Board Recognized)

## Application Form for Admission

No.: \_\_\_\_\_ Class : \_\_\_\_\_

Name of child: \_\_\_\_\_ Male/Female \_\_\_\_\_

Pet Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

(Birth certificate should be attached with this form)

(A) Address of Parent:

Permanent Address:

Present Address:

Mobile \_\_\_\_\_

Tel. No. \_\_\_\_\_

(B) If Guardian, his relation with student \_\_\_\_\_

Guardian's Name and Address \_\_\_\_\_

Religion \_\_\_\_\_

Caste \_\_\_\_\_

Mother Tongue \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Occupation \_\_\_\_\_

Approx. Monthly Income \_\_\_\_\_

Last school at which scholar studied \_\_\_\_\_

How many members are there in family? \_\_\_\_\_

Is there any brother or sister of the scholar studying in this school ? If, so mention their name and class \_\_\_\_\_

Name of the Father \_\_\_\_\_

Mother \_\_\_\_\_

What has been the education of

a) Father \_\_\_\_\_

Medium \_\_\_\_\_

b) Mother \_\_\_\_\_

Medium \_\_\_\_\_

Can you spent one hour with the child daily in his studies? \_\_\_\_\_

Does your child has all the six inoculations? Write Yes or No \_\_\_\_\_

a) Polio \_\_\_\_\_

b) Triple Anligen \_\_\_\_\_

c) MMR or (Measles) \_\_\_\_\_

d) Typhoid \_\_\_\_\_

e) Tetanus Toxoid \_\_\_\_\_

f) BCG \_\_\_\_\_

Immunization (Record) \_\_\_\_\_

I, \_\_\_\_\_ hereby confirm that the details given above are true. I also undertake to abide all the rules and regulations of the school.

Date : \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**FOR OFFICE USE ONLY**

Admission No. \_\_\_\_\_

Scholar Reg. No \_\_\_\_\_

Remarks: \_\_\_\_\_

Principal/Head Mistress \_\_\_\_\_