



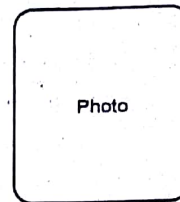
# M.R. Vivekananda Model School



Sr. Secondary (Recognised) Affiliated to C.B.S.E.

Sector- 13, Dwarka, New Delhi - 110078, Tel.: 28035738, 28033688  
Website : www.mrvschool.com Email- Id : contact@mrvschool.com

## REGISTRATION FORM (2019 - 2020)



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

Registration for class \_\_\_\_\_

1. Name of the child (in block letters) 

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2. Date of Birth 

Date				Month				Years			
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(In words) .....

3. Age ..... Years ..... Months ..... Day (as on 31st March, 2019)

4. Please Tick 

Male	Female
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SC	ST	OBC	Minority	GEN
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5. Approx Annual Income from all sources Rs. ....

6. Class for which admission is sought .....

7. Father's Name (in block letter) 

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Father's/Guardian's occupation

(if in business)

Nature of business and business address

Contact No.

(if in service)

Designation and official address

Contact No.

8. Mother's name, (in block letters) 

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Mother's occupation

(if in business)

Nature of business and business address

Contact No.

(if in service)

Designation and official address

Contact No.

9. Permanent Residential address .....

Tel No (residence) .....

10. Whether school transport is required :- (yes/no) .....

11. Medical information : Does the child have some special needs/ ailment/allergies ?

If yes, give details .....

12. If Sibling (real brother/sister only) studying in this School

Give details of the sibling/ siblings

Sibling's Name 1. .... Class ..... Section ..... Admn. No .....

2. .... Class ..... Section ..... Admn. No .....

13. Please register my son/daughter/ward ..... in your school. for admission to class.

In case considered for admission, I shall produce the requisite documents at time of admission :