Form No.

THE MOUNTING PUBLIC SCHOOL (H.S.)

(Mounting Elevates Ascending) Run by : Baishnabnagar Social Development Trust

Piece : P.O. & P.S. - Baishnabnagar, Dist. Malda, Pin- 732210 (W.B.)

Call : 7908035636 / 9641544679

E-mail : themountingpublicschoolhs@gmail.com

DISE CODE -19060603602

Application form for Admission: 20

[Fill in all the Columns in Capital Letters.]

Paste Your Recent Passport Size Colour Photo

1. Full Name of the Applicant :

2. Applicant Aadhaar Number

3. Father's Name & Address

Father's Name	
Vill	
P.O.	
P.S.	
Dist	
PIN	
Occupation	
Monthly Income	
Phone No.	

4. Guardian's Name & Address

Father's Name	
Vill	
P.O.	
P.S.	
Dist	
PIN	
Occupation	
Monthly Income	
Relationship with the student	
Phone No.	

5. Mother's Name

Qualification | Occupation

6. Date of Birth

Day | Month | Year

7. Name of the previous Institution | Seeking admission for Class

8.

Gender		Caste			Religion		Nationality		Whether physically handicapped			Whether the student is interested in reserving hostel seat		
Male		GN		ST	Hindu		Indian		Yes		No	Yes		No
Female		SC		OBC	Islam		Others							
					Others									

Guardian's Declaration:

I solemnly declare that the above particulars about ..... are true and correct to the best of my knowledge.

Full Signature of the Guardian/Parent ***Full Signature of the Applicant***

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ADMIT CARD

Paste Your Recent Passport Size Colour Photo

Name of the Applicant .....

Father's or Guardian's Name .....

Class .....

Admission Exam. Center Name :

Exam Date :

Seal & Signature of the Headmaster