

## ADMISSION FORM

Class in which admission is sought		Session		Application Form Number	Serial Number: SMRJS/CAMPUS NAME/.....
Date of form collection		Date of interview (if any)		Date of form submission & admission	

### DOCUMENT CHECKLIST

- Photographs of Child & Parents    
  Birth Certificate of Child    
  Address Proof of Child & Parents    
  Photocopy of vaccination card    
  Transfer Certificate from previous school (Class 2 & above)

Please affix latest Passport size photograph in colour

STUDENT

Please affix latest Passport size photograph in colour

MOTHER

Please affix latest Passport size photograph in colour

FATHER

### DETAILS OF STUDENT

<b>1.</b>	Full Name ( <i>in capital letters</i> )	SURNAME	FIRST NAME	MIDDLE NAME							
<b>2.(a)</b>	Date of Birth	DD/MM/YY	<b>2. (b)</b>	Date of Birth (in words)							
<b>3.</b>	Age as on March 31, 20__	YEARS   MONTHS   DAYS									
<b>4. (a)</b>	Nationality		<b>4. (b)</b>	Gender	MALE   FEMALE   3 <sup>RD</sup> GENDER						
<b>5. (a)</b>	Aadhar Number		<b>5. (b)</b>	Languages spoken at home							
<b>6. (a)</b>	Religion		<b>6. (b)</b>	Category (pls attach certificates)	GEN	SC	ST	OBC	EWS	OTHERS	
<b>7. (a)</b>	Previous School & Class (SCHOOL NAME & ADDRESS)										
<b>7. (b)</b>	No. & Date of TC issued by school					<b>8. (a)</b>	Blood Group				
<b>8. (b)</b>	Any special physical conditions? (pls specify if applicable)	<b>8. (c)</b>	Weather the last school was CBSE Affiliated if not specify name of the Board								
<b>9.</b>	Address										
<b>10.(a)</b>	Result of last Examination			<b>10. (c)</b>	Subject Proposed to Offer	1. _____	2. _____	3. _____			
<b>10.(b)</b>	Percentage					4. _____	5. _____	6. _____			

#### Declaration by Parents/ Guardians

I/We hereby declare that the above information furnished on this form is true and best to our knowledge and that we hereby certify that all parts of the information furnished is accurate. We are aware that furnishing of false information is a criminal offence punishable by Law.

(Signature)

(Signature)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

## DETAILS OF PARENTS / GUARDIANS

<b>1.</b>	Full Name ( <i>in capital letters</i> )	MOTHER	FATHER
<b>2.</b>	Mobile & Email ID		
<b>3.</b>	Occupation		
<b>4.</b>	Office Address and Number		
<b>5.</b>	Nationality		
<b>6.</b>	Aadhar Number		
<b>7.</b>	Local Guardian (if applicable) (with address)		

Please note:

- If parents are divorced/ separated/ widowed, kindly specify with whom is the child living:
- If parents are living outstation, kindly specify details of local guardians above & attach sheet if needed

## TRANSPORT

School BUS/ VAN required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Approximate distance from School		

*Please note: Transport Facility subject to availability*

## OTHER GENERAL DETAILS

### A. Brothers/ Sisters: Let us know about your family!

Name	Age	School	Class	Student at any Jaipuria branch?

### B. Alumni details: Do you know any alumni of Jaipuria?

Name	School	Year	Relationship

### C. Where did you hear about Jaipuria?

- FB     
  Hoarding/Newspaper     
  Website     
  Word of Mouth  
 Reference (specify): \_\_\_\_\_     
  Others: \_\_\_\_\_

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(Signature)

(Signature)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

This is to certify that all details as mentioned on the application form have been checked and relevant papers have been found to be in order.	
Date:	Name & Signature of Admission InCharge

The applicant may be given admission to Class \_\_\_\_\_, subject to all information and documents being in order and authentic, and realisation of applicable dues.

Date: .....

.....  
PRINCIPAL

## FOR FEE COUNTER USE ONLY

Name:			
Admitted to:	CLASS	SECTION	
Fee receipt Number:	RECEIPT NUMBER	Dated:	DD/MM/YY
Name has been entered in Class Attendance Register?	Yes	No	
Student Registration Number in Admission Withdrawal Register is:	REGISTRATION NUMBER	REGISTER VOLUME	

Details of Fees received	
Registration Fees	
Admission Fees	
Composite Annual Fees	
Examination Fees	
Security Deposit	
<b>TOTAL</b>	
<b>TOTAL (in words)</b>	
Mode of payment & details	

Date: .....

.....  
Office Supervisor/Accounts Officer

Admission considered by the School is in accordance with provisions of the Board, and approved.

Date: .....

.....  
PRINCIPAL

## Melora Playschool & Daycare

Primerose Avenue 45, Near Aarogyam Clinic,  
Vatika India Next, Sector 82, Gurugram, Haryana 122001

Contact : 96671 17642 | E: sumita@meloraplayschool.com | W: www.meloraplayschool.com