



Mahavir Children Academy

Vidhya Sagar Bhavan, Sarafa, Jabalpur (M.P.) Tel. : 0761-2658036

ADMISSION FORM

Form No. Adm.No. Date

Name _____ Class _____

Caste _____ Date of Birth _____

Height _____ Weight _____

Hobby _____ Mother Tongue _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Nationality _____ Income _____

Name of Previous School _____

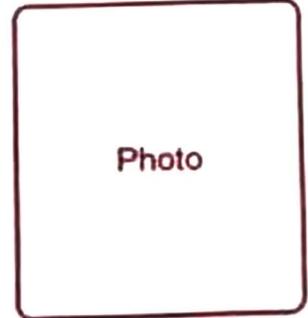
Postal Address _____

_____ Phone _____

Address for Immediate Contact _____

_____ Phone _____

Any other information parents like to furnish of their child _____



Jabalpur
Date

Signature of Parents / Guardian

DECLARATION

I have read the rules / regulation on the overleaf of this admission form I promise to abide by those condition. My ward will also do the standard required of his / her conduct.

Date

Signature of Parents / Guardian

FOR OFFICE USE ONLY

Admission.

Granted / Rejected

Principal