



Margadarshan Education Trust's

MARGADARSHAN CENTRAL SCHOOL

C.B.S.E Affiliation No:- 830475

Tondihal,(ILKAL) – 587154

Dist:Bagalkot

State: Karnataka

ADMISSION FORM

Instruction to the Parents:

1. Application form should be read carefully and legibly filled and submitted to the school office on or before the last date.
2. All the documents should be original.
3. 4 copies of Passport and 4 copies of stamp size of his / her latest photograph should be submitted.
4. Parents should be change their contact number mentioned in the application without intimation.

Registration of the year:

Standard:

DETAILS OF THE STUDENT

Admission Information			
1. Re Admission for :			
2. Students Name (In the block letters)			
3. Father Name (In the block letters) :			
4. Mother Name (In the block letters) :			
5. Mobile Number for online class:			
6. Student Aadhar No:			
7. Student Date of Birth:	Date:	Month:	Year:
8. Gender :	Male <input type="checkbox"/> Female <input type="checkbox"/>		
9. Religion :			
10. Student Blood group:			

Permanent Address:

Pin: _____**Tq:** _____

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Dist: _____**Local Address:**

Pin: _____**Tq:** _____**Dist:** _____**Contact No:** _____**DECLARATION**

I _____ the parent of _____ declare that I have gone through the rules and regulations of the school and agree that I will not hold the school responsible for any untoward accidents that might take place involving my ward and will not put in kind of compensation claim for such mishaps. The school will not be liable for any damages/charges on account of loss of life or injuries which might be sustained by him/her while taking part in sports, nature camp, extra-curricular or any other form of activities of the school, within or outside the school premises. I am aware that the school reserves the right to send my ward home, Without informing me, if his/her stay in the campus may precipitate situations detrimental to the cardial atmosphere in the campus. If my ward violates any of the school rules and regulations and the school authorities deem it necessary, I shall withdraw my ward from the school.

Date:**Place:****Signature Parents****Office Use only****Student Registration Number:****Date of Admission:****Chief Superintendent****Principal Signature**

Recognition: