MAHATMA GANDHI GOVERNMENT SCHOOL (ENGLISH MEDIUM), MANSAROVAR, JAIPUR
Kaveri Path, Mansarovar
ADMISSION APPLICATION FORM SESSION 2022-2023

Form Number :	**ON/2022-23/366**		

Section -A

Name :	Shlok rajput		
Gender :	Boy	Category :	GENERAL
Religion :	Hinduism	Date of Birth :(YYYY-MM-DD)	2009-05-02
Email Id:	Sunilrajput02001@gmail.com	Contact No. :	8503947860,9079477461
Aadhar Number :	358340468034	Desired Class :	7th
Third Language :	Sanskrit	Home Distance :(KM)	2km
Present Address :	C-16, shiv parvati nagar, mangyawas, mansarovar		
Permanent Address :	C-16, shiv parvati nagar, mangyawas, mansarovar		
Single Girl Child :	No	Siblings Name & Class :	&

Student's Bank Account Details :

Name of Bank :		Name of Branch :	
Account Number :		IFSC Code :	
Child with special needs (CWSN):	No	Disability :	
Co-curricular Activities :		Sport Certificates :	
Blood Group :		Weight (kg):	
Height (cm):		Hobby :	Cricket

Section -B

Father Name :	Umesh rajput	Mother Name :	Menka
Father Qualification :	8th	Mother Qualification :	
Father Aadhar No. :	688415654063	Mother Aadhar No. :	
Father Occupation :	Sale vegetable	Mother Occupation :	House wife
Father Income (Monthly) :	8000	Mother Income (Monthly) :	

Section -C

Details of Last School Attended :-

Name of School :	Gov. Ser. Sec. School golyawas jaipur		
Type of School :	Government	UDISC Code :Only for Govt. School	
SR Number :		Last Class Attended :	
Last Class Result :		T.C. Number :	

✔ I hereby declare that the above information furnished by me is correct to the best of my knowledge. I shall be abided by the rules of school also. The date and other particulars furnished by me in respect to my ward **Shlok rajput** are correct.

Note:-
1.Submission of hard copy is mandatory after filling form, only then your ward form will be consider for lottery process.
2.One photograph of child is mandatory.

Date - **07-May-2022**	Signature of Guardian

FOR OFFICE USE ONLY

- CERTIFIED THAT I HAVE CHECKED THE APPLICATION FORM AND RELEVANT DOCUMENTS ARE FOUND CORRECT.
- ALLOTTED NEW S.R. NO............................

	Sign	Sign	Sign
DATE	ADMISSION INCHARGE	CLASS TEACHER	PRINCIPAL