

REMARK:

ST. ANTHONY'S SCHOOL (DISE CODE: 23040300136, AFFILIATION NO: 1030630, BOARD: CBSE NEW DELHI) Address: AB Road, Mohana, Distt. Gwalior, Phone: +91-8120630630, Email: st.anthonysschoolmohana@gmail.com							
ADMISSION FORM							
* FOR OFFICIAL USE ONLY ADMISSION SESSION:	ADMISISON CLASS:	MEDIUM:	ADM ID:	REG. ID:			
PERSONAL DETAILS							
NAME:	DATE OF BIRTH:						
FATHER'S NAME:	MOTHER'S NAME:	MOTHER'S NAME:					
THER'S EDUCATION: FATHER'S OCCUPATION:							
MOTHER'S EDUCATION:	MOTHER'S OCCUPATION:						
GENDER: MALE / FEMALE	BLOOD GROUP:						
CATEGORY: GEN / OBC / SC / ST	RELIGION:		CASTE:				
	ADMISSI	ON DETAILS					
CLASS:	MEDIUM:	STREAM	·				
RTE:	REGISTRATION NO:	VERIFICA	ATION NO:				
	PREVIOUS SO	CHOOL DETAILS					
CLASS:	SCHOOL NAME:		TC NUMBER:				
	CONTAC	CT DETAILS					
ADDRESS:							
CITY:	STATE:	PIN	ICODE:				
MOB NO:	ALT. MOB NO:	EM	AIL:				
LIST OF ENCLOSED DOCUMENTS							
1) DATE OF BIRTH CERTIFICATE :	[] ORIGNAL / [] PHOTO	OCOPY					

	LI	LIST OF ENCLOSED DOCUMENTS
1) DATE OF BIRTH CERTIFICATE	: [] ORIGNAL /	[] PHOTOCOPY
2) DOMICILE	: [] ORIGNAL /	[] РНОТОСОРУ
3) CASTE CERTIFICATE	: [] ORIGNAL /	[] РНОТОСОРУ
4) INCOME CERTIFICATE	: [] ORIGNAL /	[] PHOTOCOPY
5) AADHAAR	: [] ORIGNAL /	[] PHOTOCOPY
6) TC:	: [] ORIGNAL /	[] PHOTOCOPY
7) MARKSHEET	: [] ORIGNAL /	[] РНОТОСОРУ
8)	: [] ORIGNAL /	[] PHOTOCOPY
9)	: [] ORIGNAL /	[] PHOTOCOPY

DECLARATION	
I Father / Mother / Gardian of hereby declare that the information given above by me	is true to my knowledge
and belief and I am fully aware of the rules and regulation of the school. If anything is found to be incorrect or the rules and regulation are not follows:	llowed, my ward is liable
to be restriction from the institution.	
DATE:	Parent's Signature

DATE: Principal's Signature