

Fee Receipt No.....

Date.....

Reg. No.....

MOTHER DIVINE PUBLIC SCHOOL BIJNOR

REGISTRATION FORM

1. Full Name of the student : Master/Miss.....
(In Capitals)
2. Date of Birth.....
3. Father's Name.....
4. Father's Occupation.....
5. Present Address.....
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- Phone No.....
6. Guardian's Name and Address.....
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.....
- Phone No.....
7. Class in which admission is sought.....
8. Class Passed.....
9. Religion.....Caste.....
10. Whether member of SC, ST or OBC.....
11. School last attended.....
12. Specify disability (Mental or Physical, if any).....
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Date.....

Signature of Guardian
.....

Candidates must obtain Registration slip while submitting this form along with prescribed fee.