

REGISTRATION FORM (Online)

SIN:

(To be filled in by the office)

Form No. \_\_\_\_\_



লান্থান চৌপা নৌতান

Churning inner potential to seek self made holistic leadership

(Associate: Shishu Shiksha Samity, Assam)
Bokel-Majgaon, Dibrugarh-786010, Assam



CLASS TO WHICH ADMISSION IS APPLIED (✓ here)

Grid for class selection: Nur, KG, I, II, III, IV, V, VI

(Age of the Applicant as recorded in the Birth Certificate issued by the Municipal Corporation will determine the eligibility for admission to a particular class. From class II onwards, a student will be admitted only after submission of a Transfer Certificate)

Father

Paste a recent colour photograph (3.5 cm x 4.5 cm) (Do not staple)

Mother

Paste a recent colour photograph (3.5 cm x 4.5 cm) (Do not staple)

Applicant (Child)

Paste a recent colour photograph (3.5 cm x 4.5 cm) (Do not staple)

INFORMATION REGARDING THE APPLICANT (CHILD)

- 1. Name: (First) (Middle) (Last)
2. Date of Birth (DD/MM/YYYY):
3. Birth Place:
4. Age as on 01/04/2019 (Y/M/D):
5. Gender: Girl Boy
6. Nationality:
7. Mother Tongue:
8. language(s) spoken at home: Hindi Assamese Bengali English Others (Specify):
9. Religion:
10. Caste: SC ST OBC General Others
11. Category: General School Staff Staff Name:
12. Single Parent: Yes No
Legal Guardian (if single parent is selected): Father Mother

13. Academic Background:

School Previously Studied (Name and Address with Contact no.)				Board & Medium of Instruction		Class attending/ Last attended	Session
Final Marks/Grade of Previous Year (Attach photocopy of Progress Report)							
English	Hindi	Assamese	Math	Science	Others (Sum)	Aggregate Marks	Marks %

14. Co-curricular Interests of the child (Games, Hobbies, etc): \_\_\_\_\_

**INFORMATION REGARDING THE FAMILY**

15. FATHER

a. Name: \_\_\_\_\_

b. Educational Qualification: \_\_\_\_\_

c. Mobile: \_\_\_\_\_

d. E-mail: \_\_\_\_\_

e. Profession: (Please ✓ as applicable)

1. Academic/Teacher/ Professor	<input type="checkbox"/>	2. Agriculture	<input type="checkbox"/>	3. Architect	<input type="checkbox"/>
4. Artist	<input type="checkbox"/>	5. Banking/Insurance Service	<input type="checkbox"/>	6. Business (Self Employed)	<input type="checkbox"/>
7. Chartered Accountant	<input type="checkbox"/>	8. Clergy	<input type="checkbox"/>	9. Defence/ Administrative Services	<input type="checkbox"/>
10. Engineer	<input type="checkbox"/>	11. Journalist/Writer	<input type="checkbox"/>	12. Lawyer/Judge	<input type="checkbox"/>
13. Physician (Doctor)	<input type="checkbox"/>	14. Politics	<input type="checkbox"/>	15. Private Service	<input type="checkbox"/>
16. Public/Govt. Services	<input type="checkbox"/>	17. Scientist/Research	<input type="checkbox"/>		
18. Others (Specify):					

f. Designation: \_\_\_\_\_

16. MOTHER

a. Name: \_\_\_\_\_

b. Educational Qualification: \_\_\_\_\_

c. Mobile: \_\_\_\_\_

d. E-mail: \_\_\_\_\_

e. Profession: (Please ✓ as applicable)

1. Academic/Teacher/Professor	<input type="checkbox"/>	2. Agriculture	<input type="checkbox"/>	3. Architect	<input type="checkbox"/>
4. Artist	<input type="checkbox"/>	5. Banking/Insurance Service	<input type="checkbox"/>	6. Business (Self Employed)	<input type="checkbox"/>
7. Chartered Accountant	<input type="checkbox"/>	8. Clergy	<input type="checkbox"/>	9. Defence/ Administrative Services	<input type="checkbox"/>
10. Engineer	<input type="checkbox"/>	11. Journalist/Writer	<input type="checkbox"/>	12. Lawyer/Judge	<input type="checkbox"/>
13. Physician (Doctor)	<input type="checkbox"/>	14. Politics	<input type="checkbox"/>	15. Private Service	<input type="checkbox"/>
16. Public/Govt. Services	<input type="checkbox"/>	17. Scientist/Research	<input type="checkbox"/>	18. Homemaker	<input type="checkbox"/>
19. Others (Specify):					

f. Designation: \_\_\_\_\_

17. BLOOD BROTHER(S)/SISTER(S)

Name	Gender (G/B)	Age (Years)	Institution

18. ADDRESS

a. Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin

Contact No.

b. Office/Shop (Father): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin

Contact No.

c. Office/Shop (Mother): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin

Contact No.

d. Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin

Contact No.

19. Areas of expertise /skill (For parent's participation)

Father	Mother

**OTHER INFORMATIONS**

20. Mobile no. for 'SMS' (Not to be DND registered):

21. Emergency contact no. (Do not enter zero at the starting):

▪ Landline (STD + No.):

▪ Mobile:

22. Conveyance facility: Required  Not Required

**DECLARATION/UNDERTAKING**

1. We confirm that the information furnished above is true and accurate.
2. We understand and agree that rendering inappropriate information will justify the denial/cancellation of admission or expulsion.
3. We understand and agree that self-study/self-practice of subject(s)/activities (held/taken in school) to be performed/executed by our ward is our responsibility and as such school cannot be held responsible for his/her unsatisfactory scoring/performance.
4. We will inform the school in writing along with a medical certificate regarding any medical unfitness/problem(s) of our ward that prevent him/her to take part in age appropriate mental and physical activities.
5. We will inform the school about any change in our correspondence address or contact no. immediately after the change for updating the records or will not hold the school responsible for not receiving the information.
6. We agree that the minimum increase in Fee for the next Academic Session will be pegged to the inflation rate prevailing in the country.
7. We understand and agree that Manthan Vidya Niketan is an associate of Shishu Shiksha Samiti, Assam (Vidya Bharati at National level).
8. We do hereby consent to abide by the school rules and regulations in force from time to time and also confirm that this form was downloaded online.

Signature of Mother  
Date:

Signature of Father/Guardian  
Date:

Enclosures:

▪ At the time of Registration:

- Three recent coloured photographs (3.5 cm x 4.5 cm) of the Applicant, one duly pasted on the registration form and two to be provided with the form.
- Photocopy of the Applicant's Birth Certificate issued by the Municipal Corporation. Affidavit or school certificate is not accepted.
- Photocopy of the School Progress Report (previous class and present class till the latest examination at the time of admission)
- SC/ST/OBC/Others certificate (if any)
- Original copy of the Transfer Certificate for Class II and above (In case of interstate/inter board students, the TC should be counter signed by the Education Officer)
- Original copy of the Blood Group Certificate
- Medical Information Form (Provided along with the Registration Form)

FOR SCHOOL USE ONLY

Registration date:  /  /

Registration number: MVN/  /

Class for which Admission is sought:

Fee Book no. issued:

Dues realised: ₹ \_\_\_\_\_

Check list at the time of registration:

- Coloured Photographs pasted on the form (Father/Mother/Applicant)
- Coloured Photographs of the Applicant - 2 nos.
- Photocopy of the Applicant's Birth Certificate issued by the Municipal Corporation.
- Photocopy of the School Progress Report (previous class and present class till the latest examination at the time of admission)
- SC/ST/OBC/Others certificate (if any)
- Blood Group Certificate
- Original copy of the Transfer Certificate for Class II and above (In case of interstate/inter board students, the TC should be counter signed by the Education Officer)
- Medical Information Form (Provided along with the Registration Form)

Signature of Office Personnel

IMPORTANT INSTRUCTIONS:

- a) Only blue ball point/gel pen is to be used to fill the registration form
- b) The registration form is to be filled in BLOCK LETTERS
- c) Tick (✓) in the relevant box wherever applicable
- d) Incomplete and illegible Registration Form will not be accepted

NOTES:

1. Filling this form does not guarantee admission
2. MVN is currently inviting applications for admission to Classes Nur, KG, I, II, III, IV, V & VI for the academic session 2019-2020.
3. Permissible age criteria (as on 01.04.2019) for the respective classes:
  - Nur : Age 4 +
  - KG : Age 5 +
  - Class I : Age 6 +
  - Class II : Age 7 +
  - Class III : Age 8 +
  - Class IV : Age 9 +
  - Class V : Age 10+
  - Class VI : Age 11+
4. Admission is being granted on first come first serve basis, till the availability of seats.
5. Decision regarding admission lies solely with the school management.
6. Both the parents are to be present on the day of the admission.
7. All the photocopies should be self attested by one of the parent.
8. Fees paid for a particular academic year is neither refundable nor transferable.