



MANAVA BHARATI INTERNATIONAL SCHOOL

NEAR AIIMS(PATNA), NH-98, NAWADA MORE, GOSAI MATH,
P.O. - MUBARAKPUR, DIST- PATNA (BIHAR), PIN- 801505

APPLICATION FORM

Admission No.

Admission Date.

Affix photo of Father

Affix Photo of Mother

Affix Photo of Student

Admission required for Class : Approved Yes No

Note: **Please use Capital letters only.**

We, and wish to admit our son/daughter / ward whose particulars are given below as a day scholar at **Manava Bharati International School**, Patna.

A. INFORMATION OF THE CHILD

First Name Middle Name Last Name

Gender Male Female Date of Birth Date of Birth in words

Blood Group Religion Nationality

Aadhar No

Community SC/ST OBC GEN OTHERS

Languages known Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.:
E-mail ID:

CORRESPONDENCE ADDRESS:

Mother's Mobile No.:
E-mail ID:

NOTE: **IN CAPITAL LETTERS ONLY**

Distance from school (in kms): Preferred Mob. Number for school SMS:

Emergency Contact No. (Res/Mobile) Name of the person to be contacted Relationship

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent: (Tick one, only if applicable)

Father	Mother
If child is sponsored (Name of sponsoring agency)	

Permanent Address:

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Details of Sibling

Name	Age	Name of the Institution	Standard

Incase of staff ward:

Name of the parent:

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B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks Obtained in final exams

The previous school affiliated to:

SSLC

CBSE

ICSE

OTHER

Awards won so far in sports, arts or academics

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MEDICAL HISTORY OF THE CHILD

HEARING:

Any difficulty observed : Yes No

Any consultation with doctor: yes No

If Yes, Explain:

VISION:

Any consultation with doctor Done: Yes No

Use of Spectacles/ Corrective Lenses: Yes No

MOTOR MILESTONES (Approx Months):

Sitting: _____

Standing: _____

Walking: _____

Speech: _____

Any Medication taken for any medical condition, such as attention difficult/thyroid (hypo/hyper)/ any other condition:

Any Medication taken for general well being:

Any Allergy/any medical information that school should be aware of:

C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate copy. (With original for verification.)
- Transfer Certificate - original copy (if applicable)
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents & child
- Copies of progress report cards of last year.
- Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

The above documents (recently attested photocopies) must be produced along with the filled application form.

- Transportation Form (if Required)

Please note: Staple all documents to the top left-hand corner of the application

D. MISCELLAMEOUS

How did you hear about the **Manava Bharati International School**, Panta?

Name of news paper	Website	Name of the Magazine	Others (please specify) / hoardings/pamphlets/ word of mouth/ catalogue

DECLARATION

I, _____ have the authority to admit my child /ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct, to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Parent / Guardian

For **Manava Bharati International School**, Patna Office use only

Signature of

Signature of

Admission Co-ordinator

Head of the Institution

Date:

Date: