

Date of Test..... day .. timeam/pm

MOUNT CARMEL SCHOOL
KAFLANG, CHAMPAWAT, UTTARAKHAND - 262523

APPLICATION FOR REGISTRATION

- 1. Name of the Scholar (in capital letters) _____
- 2. Sex Female Male Age: _____
- 3. Scholar's Date of Birth
- 4. Mother tongue _____
- 5. Class to which admission is sought _____

Affix a recent colour photograph

6. Name of the School previously attended	Place	Classes attended	Date of joining	Date of leaving

7. **Name of the Father** _____
 Educational Qualifications _____
 Details of employment self employed Service None
 Nature of Job/business _____
 Position Held _____ Religion _____ Caste: *General, OBC, BC, SC, ST*
 Address _____
 _____ TELEPHONE _____

8. **Name of the Mother** _____
 Educational Qualifications _____

9. Name of brother/sister studying in Mount Carmel School, Champawat.
 1. Name.....Class.....
 Date _____
 Place _____

Signature of the parent/guardian
I declare that all the details given above are true

MOUNT CARMEL SCHOOL

Name of the child _____ Date of Birth _____ Class _____

- Note:
- 1. Registration is not a guarantee for admission.
 - 2. Kindly bring this card for interview/aptitude/entrance test
 - 3. Bring a) 5 recent pp size phtographs, b) birth Certificate (Original and a copy) OR T.C, c) Original mark cards and a copy of them.
one each passport size photographs of father and mother at the time of admission.
 - 4. Interview/aptitude test is onat.....am/pm

Principal