



MAHARAJA HARI SINGH AGRICULTURAL COLLEGIATE SCHOOL

NAGBANI, JAMMU (J&K)

(Affiliated to CBSE : Managed by DAV CMC, New Delhi)
mhacnagbani@yahoo.com Ph: 2604342, 2604113



Form No: _____

REGISTRATION cum ADMISSION FORM

■ Admission No _____

■ Date _____

■ Admission for Class _____

PHOTO
Student

PHOTO
Mother

PHOTO
Father/Guardian

1. Student's Name (in Block letters)

First Name : _____ Middle Name : _____ Last Name : _____

2. Gender: Male/Female (M/F)

3. Date of Birth (dd/mm/yyyy) (DoB in Words) _____

4. Residential Address : _____

Real Brother/Sister Concession
Details of real/Brother/Sister
Studying in this school. (if any)
Name _____
Adm. No _____ Class _____ Sec _____ Roll No. _____

5. Permanent Address : _____

6. Last School Attended : _____ 7. Religion _____ 8. Nationality _____

9. Mother Tongue _____ 10. Blood Group _____ 11. Cast Category (Tick) : Gen/SC/ST/OBC _____

12. Student Adhaar No. _____ 13. Bank Account No. (if any) _____

14. Father's Name (In Capital) _____ Qualifications _____ Designation _____
Occupation _____ Specify Occupation/Nature of Business _____ Annual Income _____
Office Address : _____ Phone No. _____ E.Mail _____

15. Mother's Name (In Capital) _____ Qualifications _____ Designation _____
Occupation _____ Specify Occupation/Nature of Business _____ Annual Income _____
Office Address : _____ Phone No. _____ E.Mail _____

16. Name of Local Guardian (If Any) _____ Relation with Student _____

17. School Transport Required : YES / NO (If Yes, Place/Point of Boarding) _____

18. Hostel Accommodation Required: YES/NO _____ 19. Medical History & Allergies (If Any) _____

20. Staff Ward: YES/NO. (Name of Staff Member) _____ Designation _____

DECLARATIONS:

- I hereby declare that me and my ward will abide by the rules and regulations of the school and any breach of the school rules will result in expulsion of my ward.
- I hereby certify that the date of birth and spellings of all names given in this form are correct to the best of my knowledge and I shall not make any request for change.
- I know this registration fee is non-refundable. I fully understand that the registration does not imply admission. I hereby certify that in case I do not claim the caution money paid by me for a period of one year after my ward leaves the school, the amount may be forfeited and my right over the refund of this amount will stand relinquished by me.

DOCUMENTS REQUIRED AT THE TIME OF REGISTRATION:

1. Self Attested Copy of Birth Registration Certificate with name of student (from Municipality or Police Station)
2. Documents Confirming correct name of Father & Mother (Preferably Copy of State Subject or Qualification Certificate or Aadhar Card)

DOCUMENTS TO BE DEPOSIT WITHIN ONE MONTH AFTER ADMISSION:

1. (Original) Countersigned Transfer Certificate from the previous school for students of class 2nd onwards.
2. Copy of Report Card of the Previous Class.

Date _____.

Signature of the Parent/Guardian
(Name) _____.**FOR SCHOOL USE**

<input type="checkbox"/> Test Qualified for Admission to class _____ <input type="checkbox"/> Sr. No. _____ in the Selection List <input type="checkbox"/> Signature of Admission I/C. with Date _____ <input type="checkbox"/> Name of Admission Incharge _____ Designation _____	Registration Fee Receipt No. _____ Date _____ Amount _____ Signature of Fee I/C. _____
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Bus Allotted No. _____ Route _____ Stop _____ Signature of Transport I/C. _____
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FOR NON-PAID STUDENTS

Sr. No. _____ in the Non-Paid Selection List.

Admitted to Class _____ Sec _____ Roll No. _____ Adm. No. _____ Category _____

1. Full Fee. 2. Non- Paid 3. Special Concession In _____ w.e.f. _____

Documents Attached:

1. Death Certificate of Father
2. Death Certificate or Non Remarriage Certificate of Mother
3. State Subject Certificate of Father.
4. Income Certificate of Mother From Concerned Patwari attested by Tehsildar

Concession & facilities to be specified _____ Signature of I/C _____

CLASS XI / XII _____ Stream _____ Category _____

Admitted to Class _____ Sec _____ Roll No. _____ Adm. No. _____ Date of Adm. _____

Fee Paid by Receipt No. _____ Date _____ Amount _____ Sig. of Fee I/C _____

Data Entry By : Sig. & Date _____ Name _____ Designation _____

Supdt./Sr. Asstt.
(Signature with Name)**PRINCIPAL**