From No			Admission No:		
	Maulana Aza	d Girls	School	For Off	

Affiliated to CISCE, New Delhi

ADMISSION FORM

Year 201____201___

For Office Use Only						

		oall pen and in capital letters o	only. Please read the prospectus				
carefully before submittin	g the form.						
		Place of Birth					
			Nationality				
			on				
Email ID		Telephone/Mobile No					
Mother's Name		Academic Qua	lification				
Organisation with designa	tion	- y .					
Email ID		Telephone/Mobile No					
Permanent Residential Ad	dress						
(Attach Proof of Address s	such as Copy of l	Passport, Adhar, Voter ID Card	d, Govt. issued ICard)				
			tion				
			tion				
Address							
		Mobile					
Name of the Previous Sch	001	Med	lium of Instruction				
Class in which Admission	sought						
	ealth of Student Any Disease/Disability						
Name & class of the siblin							
	.g 211111, g						
Enclosed: 1. Birth Certific	ate in original iss	sued from Municipal Corporat	ion				
2. Transfer Certificate		3. Address Proof					
4. Marks Sheet/ Result							
Declaration By Parent							
The Particulars given above are correct. We understand that the admission will be cancelled if any							
information / Certificate submitted herein is false or incorrect or withheld. We promise to abide by the							
rules and regulation of the school and assure our full cooperation to the school authorities.							
rules and regulation of the	selloof and assai	e our run cooperation to the s					
Signature of Mother		Signature of Father	Date				
Signature of Wouler		_ Signature of Father					
Test Result							
Interview Report							
Admitted in Class	•	Section	On				
Fee Receipt No.	Amou	intDate					