



Mathura Sainik School

Bharatpur Road, Mathura, U.P. 281001 | Mobile - 8865861078, 8864811078
Mathurasainikschool@gmail.com | www.mathurasainikschool.com

Admission Application Form

Academic Year _____

1). Tick (✓) Class For Which Admission is Sought :

- IV
- V
- VI
- VII
- VIII
- IX
- X
- XI
- XII

2). Name Of Student : (Full Capital Letters)

3). Date Of Birth :

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4). Father's Name (Full Capital Letters)

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5). Mother's Name (Full Capital Letters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6). Full Name Of Legal Guardian (If Mother & Father are not Alive)

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7). Nationality

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8). State of Domicile

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8). Your Category Tick (✓) in Box Gen. Defence SC ST Other Specify _____

9). If belong to Defence Category, fill following details :

Service or Ex Service Man	Army/ Navy & Air Force	Service Number	Rank	Date of Commission	Date of Discharge	Name of Record office

Aadhar No.:

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10). Occupation Of Father / Mother / Guardian

11). Monthly Income From All Sources (in Rupees) _____

12). Address For Correspondence :

13). a). School Last Attended : _____

b). Class Last Studying : _____

c). School If Recognized (Board) : _____

d). Subjects : _____

14). Permanent Address :

15). If Your Ward Attended AISEE Entrance Exam (Provide Details) :

Year	Roll No	Class	Result	Centre

16). **Father Details :** **Mother Details :**

Name

Name

Mobile No.

Mobile No.

Aadhar

Aadhar

Qualification _____

Qualification _____

Occupation / Designation _____

Occupation / Designation _____

E Mail _____

E Mail _____

Phone Office _____

Phone Office _____

17). Details Of Siblings Other Than the Admitted Student (If Any)

1.) Name _____ Brother / Sister
Date Of Birth _____ / _____ / _____ If Studying name of the institute _____
Class _____

2.) Name _____ Brother / Sister
Date Of Birth _____ / _____ / _____ If Studying name of the institute _____
Class _____

Name : _____ Mob.: _____

Relation With Student : _____

Qualification : _____

Occupation / Designation : _____

Local Address : _____ E Mail : _____

Height Of Student
Feet Inch Cm

Weight Of Student (at A Time Of Admission)
Kg

Blood Group : _____

Allergic (If Any) : _____

Medical Fitness Of student OK / Please Mention if any health issue : _____

**Medical Fitness Certificate In Given Format
to be Submitted at the time of Admission**

DECLARATION BY PARENTS

I solemnly declare that the particulars given above are true and correct and no information required to be given has been concealed. In the event of any of the above information found incorrect at any time, I am ready to bear consequences, which I very well know that can lead to termination of child from school. I am known that the fees once paid is not refundable in any case. I undertake that I will not dispute the correctness of decision given by the school with regard to any decision including evaluation and the other procedure followed for admission of candidate & that the decision given by the School will be accepted as final verdict.

Date _____

Signature of Parents _____

Place _____

Father _____

Full Name _____

Mother _____

Full Name _____

Enclosure

- 1.) 6 Photo of Student
- 2.) 4 Photo of Father
- 3.) 4 Photo of Mother
- 4.) Birth certificate of the student
- 5.) Aadhar Of student (Copy)
- 6.) Aadhar Of the Father (Copy)
- 7.) Aadhar Of the Mother (Copy)
- 8.) Medical Certificate in given format
- 9.) Undertaking in given Format
- 10.) Transfer Certificate
- 11.) Last Result Details

"NOTHING LESS THAN BEST"

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