MONTFORT HR. SEC. SCHOOL, BAMNI Kemrith Village, Bamni, Ballarpur – 442701 CBSE/AFF/N Managed by Brothers of St. Gabriel Educational Society A MINORITY INSTITUTION														FF/N	NO.1130038							
Ň		G P																	Passport Size Photo of the Child			
AC	lmis	SIO	1 INC	).:														Child				
1. Full Name of the Pupil : (in BLOCK letters with surname first (include House or Village name)													1									
2. <b>[</b>	Date	of Biı	rth:		D	ate		Mon	nth Year							Age	:					
Da	te of	Birth	n in w	vords	:																	
3. <b>E</b>	Birth	Place	e :									M	other	Ton	gue	:						
													ste:									
(Ca	ste to	be su	pporte	ed by	a cast	e cer	tificat	e in o	origina	al) Tic	k : Ol	BC 🗆	SC 🗌	St [	□VJ	רא 🗆	r 🗆 G	ienera	al			
5. Nationality & State to which the pupil belongs:																						
6. <b>\</b>	6. Whether living with parent or Guardian:																					
7. <b>r</b>	Name	of N	/loth	er (Fi	ll in E	Block	c Lett	ters)														
Qu	alifica	ation	:				•		Οςςι	ipati	on:	•					•					
	Qualification : Occupation:    Salary per Month (if employed) : (if any Business)																					
Full Address :																						
8. Name of Father (Fill in Block Letters)																						
8. <b>I</b>	Name	of F	athe	r (Fill	in Bl	ock	Lette	ers)	-			_		1	1	1	•					
Qualification :Occupation:																						
Salary per Month (if employed) :(if any Business) Full Address :																						
															Мо	bile:						

## 9. Name of Guardian (Fill in Block Letters)

																					I
																					I
Full	Add	ress	:																		
														N	lobi	le:					
10.	Class	s last	stud	lied r	ame																
11.	Whe	ther	qual	ified	for p	rom	otion	:													
12.											) Rec										
13.	Class	s into	whi	ch ac	lmiss	ion i	s sou	ght :													
15. 16.	Lang Prote	uage ectio	e pro n fro	pose m sn	d to l nall-p	oe ta box, v	ken u whet	unde her v	r Sec accir	ond I nated	Langi I or si	uage mall-	: pox	mark	ed : _						
	2)																				
A)	I	I certify that the date of birth of my son / daughter / Master / Miss is and that his / her age as o												on 1 <sup>st</sup>	Jun						
	is	s				Ye	ars_				m	onth	s & _			_day	s.	5			
B)			-		e tha e her					in th	е арр	olicat	tion c	are a	uther	ntic a	nd ti	hat n	o chu	ange	of
C)	s i:	choo s asl	l fee ked	regi to ta	ılarly ake p	. I sh oart	all m in th	ake : he a	sure	that ies i	l enc nside	oura	ge ai	nd su	ppor	rt my	child	d whe	enev	to pa er he the s	/ sh
Dat	e :										Sigr	natur	e of	the F	athe	er / N	/loth	er / (	Guar	dian	
											Nar	ne : _									
								<u>FC</u>	DR O	FFIC	<u>:E US</u>	<u>SE O</u>	NLY								
Plea	ase a	dmit	Mas	ter/I	viss:									ir	ito cl	ass _		_& S	Sectio	on	
His	/ Hei	r adn	nissio	on No	o. is _																
Dat	e :																				
	C	Clerk	(In (	char	ge									He	ead	of t	he	Inst	itut	ion	