



महात्मा गांधी मिशन
संस्कार विद्यालय
 एन - ६, सिडको, औरंगाबाद. ४३१००३

FOR OFFICE USE ONLY: Date / /

Sl. No. of Application _____

Year _____ Course _____ Whether Approved _____

Affix a
 Self-attested
 Passport size
 Photograph

1. Name of the Student : First Name

Middle Name

Family Name

2. Date of Birth : / / Age as on 1st April 2013 ___ months ___ yrs.

Sex : Male/Female

Marks of Identification : _____

3. Caste: _____ Religion: _____ Nationality: _____

Mother Tongue: _____

4. Domicile State /UT (State/UT which the student belongs to) : _____

5. Fathers Name : _____

Educational Qualification : _____ Occupation _____ Contact No. _____

E-mail address : _____

6. Mothers Name : _____

Educational Qualification : _____ Occupation _____ Contact No. _____

E-mail address : _____

7. Address for correspondence : House No. _____

Mohalla/Street _____

City/Town/Village & Post Office _____

District _____ State _____ PIN Code _____

8. Address for Permanent : House No. _____

Mohalla/Street _____

City/Town/Village & Post Office _____



महात्मा गांधी मिशन
संस्कार विद्यालय
एन -६, सिडको, औरंगाबाद. ४३१००३

District _____ State _____ PIN Code _____

I/We hereby undertake that the above furnished information is correct. If given admission I/We will abide by rules and regulations of the school and pay the fees and other charges regularly .

Date :

Place :

Signature of Parent

Father _____ Mother _____