

E-COAL INTERNATIONAL SCHOOL

BEHIND WAIDHAN COURT DISTT.-SINGRAULI (M.P.)-486 886 Mob.: 7610313116, E-mail: ecoalschool@gmail.com

REGISTRATION FORM

Form No. 571

Session: 20_____20____

Student Name : _____

Affix Photo of Child

Admission for Class

Surname

TO BE FILLED IN CAPITAL LETTERS STUDENT'S DETAIL

Middle Name

First Name

Address :				
Gender: Male Fer	male Religion :			
Date of Birth : DD MM	yyyy (in wo	rds)		
Place of birth :				
Nationality:				
Religion :				
SC ST OBC	OPEN			
Student Medical History : _				
		Last Class Passed:		
Skill or Talent of the Studen	t :			
	PA	RENT'S DETAIL		
Father's Name :	First Name			
Mother's Name		Middle Name	Surname	
	First Name	Mother's Qualification:	Surname Occupation:	
		E-mail		
Residential Address · (Perm				
	anon)		No. :	
			nts's/Guardian's Signature	





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Session : 20 20	FOR OFFICE USE ONLY	Admission for Class
Reg. No Admission No	Fee Receipt N	No Date
Date of Admission	Class Section	Signature
Affix Photo of Child	Affix Photo of Mother	Affix Photo of Father
Child TO	Mother BE FILLED IN CAPITAL LETTE STUDENT'S DETAIL	Father
Student Name :First Nan		
Address :	me Middle	Name Surname
Gender: Male Female Date of Birth: DD MM YYYYY	Religion : SC	
Place of birth :	Blood Grou	up :
SSSM ID:		
Aadhaar No. :		
Bank A/c. No. of Child/Father/Mother:		医副囊性毛型性胃炎 医马克氏氏性皮肤炎 医克勒氏性外侧肠炎 医多种甲状腺 医多种动物 医二甲甲甲二甲甲甲二甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲
Bank A/c. Holder Name :		
Transport Facility Required : Yes N		
Name of the Last School Attended	Last Class Pr	assedOverall Grade
	PARENT'S DETAIL	
Father's Name :First Name		
First Name First Name First Name	e Middle Na	lame Surname
First Name ather's Qualification :Occupation	Mother's Qualification	lame Surname
Annual Family Income :		
Office/Business Address & Contact No		
lesidential Address : (Temporary)		
esidential Address : (Permanent)		

GAURDIAN'S DETAILS (IF APPLICABLE)

Name:		Middle Name	Surname
Qualification :			
Occupation:			
Relation with Student :			
E-mail:			
① Mob.:			
Residential Address :			
	CERTIFICATI	E	
In the event of my ward being ad			tions of the school amended fror
time to time.			
I certify that I am the bonafide gual		have no objection if th	a cohool authories get my chil
In the event of my child being inoculated/vaccinated against TB/		nave no objection ii ui	le school authories get my cim
It is to be noted that if my ward is h		s, the school shall not be	held responsible for it and I will no
hold school responsible for any m			
	VERIFICATIO		
ereby verify that I have read the infor	mation included on this form and	d that to the best of my kn	nowledge the information provide
me is complete and correct.			
			Parent's/Guardian's Signature
	REQUIRED DOCU	MENTS	
Student Birth Certificate	2. Transfer Certificate (Original Control of	ginal) 3.	. Student Aadhaar Card
Parent's Aadhaar Card	5. Caste Certificate	6. Previous	s Year Marksheet (Xerox)
SSSM ID Number (Xerox)	8. Student/Parent's Bank Ac	count Passbook (Xerox)	9. Other if any
			Parent's/Guardian's Signatur
			7 dione of additional of originates
	Principal's Re	mark	
			,
			<u></u>
			Signature of Principal