

# SESSION-2023-24

## MATA GUJRI PUBLIC SCHOOL

**Kangthali (Kaithal) Phone-01743-240700, 09813060526**

**C.B.S.E Affiliation No.530872 School Code.20475**

Email:-mgpskangthali@gmail.com , [www.mgpskangthali.in](http://www.mgpskangthali.in)

Registration No..... Adm.  
No.....

Name of the Child ( In Block Letters)

.....

Gender: ..... Date Of Birth (in  
Words):.....

Date Of Birth (in  
Figures):.....

Father's Name

.....  
.....

Profession/occupation : ..... Contact  
No.....

Mother's Name

.....  
.....

Profession/occupation : ..... Contact  
No.....

Permanent

Address \_\_\_\_\_  
\_\_\_\_\_

Correspondence

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. Land Line \_\_\_\_\_

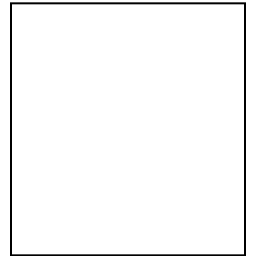
Mobile:.....

Whether pick up conveyance is needed?

.....

Any other medical condition

?.....



Class for which admission is sought

.....

Stream : M  |  Medical  Commerce   
Hummanities

Stream Subject : 1.....

2.....

3.....

4

.....

5

.....

Signature of Parents



FOR OFFICE USE ONLY

Amount paid Rs..... Wide Receipt No..... Date .....

Admitted to class..... Section..... Stream.....

Certificate received /Submitted. 1. .... 2..... 3.....

Signature of Teacher

Principal

Date .....