

No. \_\_\_\_\_

Admn. No. \_\_\_\_\_



# MISSION SCHOOL

(Under James Memorial Educational Trust)  
Raja Bazaar, JATANI - 752 050  
Telephone : 2492900  
(A Christian Minority Institution)

## APPLICATION FORM FOR ADMISSION

To be filled by Parent / Guardian only

Fix Attested  
Passport Size  
Photograph of Pupil

1. Pupil's Name in full : \_\_\_\_\_  
(in block letters)
2. Sex : Male / Female: \_\_\_\_\_ 3. Mother Tongue \_\_\_\_\_ 4. Nationality \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ : \_\_\_\_\_ Blood Group \_\_\_\_\_
6. Religion \_\_\_\_\_ : \_\_\_\_\_
7. Aadhaar Card No. \_\_\_\_\_ : \_\_\_\_\_
8. Whether from Scheduled Caste or Tribe : \_\_\_\_\_  
If Yes, specify \_\_\_\_\_ Yes / No  
(Please attach documentary evidence)
9. Names of Parents / Mother \_\_\_\_\_ : \_\_\_\_\_  
Aadhaar Card No. \_\_\_\_\_ : \_\_\_\_\_  
Father \_\_\_\_\_ : \_\_\_\_\_  
Aadhaar Card No. \_\_\_\_\_ : \_\_\_\_\_
10. Designation / Occupation of Father \_\_\_\_\_ : \_\_\_\_\_
11. In the case of Guardian, state name \_\_\_\_\_ : \_\_\_\_\_  
and relationship to ward
12. Residential Address, Email ID and Telephone No. : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Office Address, Email ID and Telephone No. : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. School last attended / now studying in \_\_\_\_\_ : \_\_\_\_\_
15. Class in which pupil is / was studying \_\_\_\_\_ : \_\_\_\_\_  
in previous School
16. Reasons for leaving \_\_\_\_\_ : \_\_\_\_\_
17. Whether eligible for promotion \_\_\_\_\_ : \_\_\_\_\_
18. Second language (Hindi / Oriya) \_\_\_\_\_ : \_\_\_\_\_
19. Class to which admission is sought \_\_\_\_\_ : \_\_\_\_\_
20. Number and date of Transfer Certificate \_\_\_\_\_ : \_\_\_\_\_  
submitted, or attested copy of Birth  
Certificate is to be attached.
21. Give name and Class of \_\_\_\_\_ 1. \_\_\_\_\_  
brothers, sisters in Mission School , \_\_\_\_\_ 2. \_\_\_\_\_  
if any. \_\_\_\_\_ 3. \_\_\_\_\_

P.T.O.

22. a. Any medical history important  
for future reference Yes / No If Yes, Specify
- b. Name, Address and  
Tel No. of Family Doctor
- 

23. Whether parent is an employee of Mission School  
Yes / No.  
Give details : Name \_\_\_\_\_ Designation \_\_\_\_\_

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24. Mode of Transport

Vehicle : \_\_\_\_\_

Driver's Name : \_\_\_\_\_

Licence No. : \_\_\_\_\_

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**Declaration by the Parent / Guardian :**

1. I have carefully read the rules and regulations of the School laid down in the prospectus and I will abide by them.
2. I hereby certify that all the above information is correct.
3. I declare that the date of birth of my child stated above is accurate and I will not approach the School authorities for a change of the same at a later date.
4. I request that my child be admitted to Mission School, I understand that this is a Christian Minority Institution.
5. The School reserves the right to cancel an admission after it is made if details furnished by the Parent / Guardian are found incorrect.

\_\_\_\_\_  
Signature of Parent / Guardian

Date : \_\_\_\_\_

Name : \_\_\_\_\_  
(Use Block Letters)

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**FOR OFFICE USE ONLY** (Not to be filled by the Parent)

1. Whether Selected for Admission  
\_\_\_\_\_
2. Date of Admission  
\_\_\_\_\_
3. Receipt No.  
\_\_\_\_\_
4. Class to which admitted. House  
\_\_\_\_\_
5. Signature of Headmistress :  
and Date :  
\_\_\_\_\_

**IMPORTANT**

**Filling up of this Form does not guarantee Admission. Incomplete Applications will be disqualified. One Application Form must be filled in for each child.**