

SHREEYADEVI BHAGIRATH RATHI MAHESHWARI VIDYAPEETH

[AN INSTITUTION OF SHREE MAHESHWARI SHIKSHAN SANSTHAN]
BEHIND RUNDHNATH TEMPLE, DUMAS ROAD, SURAT.
PHONE NO.: +91-9512430043, 7874430043

E-MAIL: MVPOFFICE.2010@GMAIL.COM, WEBSITE: WWW.MVPSURAT.COM

REGISTRATION FORM

Seria	al Number:				Photo
CLA	ASS to which admission sough	ht:	Session	1:	with Date
PER	SONAL DETAILS:-				
1.	Name :				
2.	Gender: Male	Female	Any other		
3.	D.O.B. :	In words:			
4.	Nationality: Religion: Mother Tongue:				
5.	Details of parents:-				
	Details	Mother		Father/Guardian	
	Name:				
	Educational Qualification:				
	Residential Address:				
	E-mail:				
	Occupation:				
	Official Address:				
	Annual Income:				
	Mobile Number:				
6.	Whathay the condidate is:				
0.	Whether the candidate is:-				
	(i) Single Girl Child: Yes No (ii) Specially abled (Divyangjan): Yes No (iii) Specially abled (Divyangjan): Yes				
_	(iii) Belonging to the EWS: Yes No No				
7.					
8.	Aadhar Number: Student				
9.	. Class Last attended:				
10.	Name & Address of the last attended school:				
11.	Lost Coloral afficient in				•••••
11.	Last School affiliated is (i) CBSE (ii) ISCE (iii) IB (iv) GSEB (v) Any other				
	(1) CBSE [(11) ISCE	, [(111) IB [(iv) GSEB	(v) Any other	P.T.O.
	×	••••		×	
		ACKNOWL	EDGMENT		
Seria	al Number				
Rece	eived From			application fo	or
regis	stration for class		on		
Mee	ting as on date:			Time:	

12. Result of Last Class:

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

13. Details of siblings (if any)

	Brother/Sister	Age	School studying in
Name			

DECLARATION

I hereby declare that the above information including Name of the Candidate, Father's/ Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date:	Signature of the Parent(s)/Guardian:
Place:	Relation with candidate:

SUBJECTS OFFERED (Only For Class XI & XII)

SUBJECTS OFFERED (Only For Class AT & ATI)				
Non-Medical	Medical	Commerce		
English	English	English		
• Physics	• Physics	Accountancy		
Chemistry	• Chemistry	Business Studies		
Mathematics	Biology	• Economics		
• Informatics Practices / Physical Education (Any one)	• Informatics Practices / Physical Education (Any one)	Mathematics / Informatics Practices / Physical Education (Any one)		

Enclosures

- 1. Two recent passport size photographs of the student with date. One to be affixed on the form & one extra with name written on the back side of the photograph.
- 2. Original Birth Certificate only for 1st STD with attested Xerox copy.
- 3. Attested Copy of SC/ST/OBC/EWS Certificate (if applicable) issued by appropriate Govt. Authority.
- 4. Original Transfer Certificate. In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.
- 5. Attested Copy of Marks Statement issued by Board / School.
- 6. Xerox copy of Aadhar Card of Student, Mother & Father on a single page.