Merryland Academy

For Office Use only

Reg. No.

Money Receipt No.

Date:

A 20, Sindhu Nagar, Krishna Nagar, Lucknow 226023 Ph. 9236561481, 9794705199 mrlasmart@gmail.com

APPLICATION FOR REGISTRATION/ADMISSION

Academic Session: 200 -200

PLEASE WRITE IN BLOCK LETTERS

PP Size Photo

Form No			e e e e e e e e e e e e e e e e e e e
Name of the student:			
Date of birth :		Sex:	
Father's Name :			
Nationality :			·
Religion :		//	
Occupation:		Designation	
Mother's Name :			
Occupation:		Designation	FCOW
Address:	_{KAL} TAL	35141Y	
Address : Permanent Address			
Telephone no : (R)	2.2	(O)	<u> </u>
E-mail:			· · · · · · · · · · · · · · · · · · ·
Name of the school studying	ıg	K.N.10.1.:	M
Present class in which can	didate is studying		
Class in which admission is	desired:		
Declaration :			
Dear Sir,			
I agree to abide by all the rules and regulations of the school and the amendments made hereafter. All required certificates and documents will be submitted to you at the time of admission. Please register my ward's name for admission in above-mentioned academic year.			
			Yours faithfully,
Date			(Signature of parents)