MANKA PUBLIC SCHOOL

Affiliated to CBSE board, **AFFILIATION NO. - 3330393**
Tahsil Road Champa, Distt. :- Janjgir-Champa (C.G.)

ADMISSION FORM

Session : 2026-27

PHOTO

Registration Form No. _____

I request that my Son/Daughter, Whose particular are given below be registered for admission to **MANKA PUBLIC SCHOOL CHAMPA** With Effect Form The Session Starting From April 20_____

➢ DETAILS OF STUDENTS

Full Name of the Child :_____
(In capital Letters as per Aadhar)

Date of Birth : (In fig.)_____ (In Words)_____

Class :_____Gender _____ Date of Admission_____

Caste : _____ Category :

SC	ST	OBC	GEN

Permanent Caste Cert

Yes		No	

Poverty We:

APL		BPL	

Religion :_____ Mother Tongue :_____

Adhar Card No:

Permanent Education No.(**PEN**):_____ **Apaar ID** No.: _____

Name of Previous School	Place	Class Passed	Year	% Secured	Medium

Remark About health Conditions: _____

➢ DETAILS OF PARENTS

Details of Mother/Father	Mother (As per Aadhar)	Father (As per Aadhar)
Full Name (in capital letters)		
Nationality		
Occupation with Designation		
Full residential address		
Permanent Address		
Mobile No.		
Annual Income		

➢ DETAILS OF SIBLINGS

	Name	Gender	Class & Section
1.	_____	_____	_____
2.	_____	_____	_____

➢ DETAILS OF GUARDIAN

Name of the Guardian :_____

Occupation :_____

Address :_____

Mobile No:- (1)_____ (2)_____ (3)_____

School Transport Required: YES ☐ NO ☐

DECLARATION

I_____S/o, W/o, _____

Resident of_____

am a Father / Mother / Guardian of _____

I declare that information given overleafs are correct. I agree to accept any decision of the school authorities arising there from including expulsion of child from the school I hereby declare, I have full read school prospectus & agree to abide by all the rules & regulations contained & laid down by the management from time in the particulars/relating to discipline and payment of fees etc.
I further declare and accept that my ward undergo education in '**Manka Public School**' with my fully consents.

Place: _____ Signature of Father/Mother/Guardian

Date: _____ Name:_____

: FOR OFFICE USE :

Interview Remarks:_____

Admission in Class:_____ Section : _____ Registration No_____Adm.No:_____

Document Submitted:-

Photographs : ☐ Transfer Certificate: ☐ Previous Class Report Card: ☐

Birth Certificate : ☐ PEN No. : ☐ Apaar Copy : ☐

(Adhar Card Copy)

Student : ☐ Mother : ☐ Father : ☐

Bank passbook : ☐ Medical Cert. : ☐ Any Other _____

Signature/Office Incharge **PRINCIPAL SIGNATURE**