Memari Crystal Model School

Affiliated to CBSE (Affiliation No: 2430146)



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FOR OFFICE USE ONLY:

Form No:	_ Date of Admi	ission	A	dmission No : $_$			
Willing to admit	in class:		FILL THE DET	AILS IN BLOCK	LETTER		
Name of the child							
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Phone No :							
Address (As pe	er Aadhar Card)					
Father's Name (A	s per Aadhar C	Sard)					
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ddress (As per Aadhar Card)						
cal Guardian's Name (As per Aadhar Card) (Optional) rst Name						
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Date of Birth (As per Aadhar Card)	Relation with	n the ch	ild			
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ter or brother (own sibling) if they are studying in Memari C	Crystal Mod	el Scho	ol . If y	yes fill	all the	fields.
Name	Class			Rela	tion w	ith Child
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nnt to take transport facility for ward/s. Yes No Declaration of the Pare	rent's / Guar	rdian's				
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