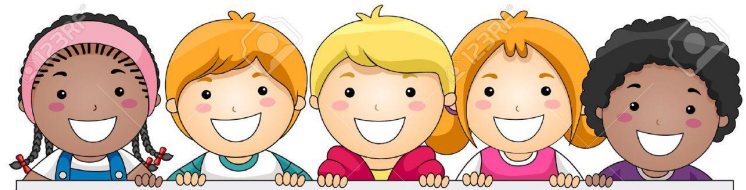

ALMA MATER PLAYWAY DAY CARE

A-56, Utsav Part 1, Mahanagar, Bareilly 243 006
PH.: 7300968881
Email: m.info@almamaterschool.ac.in

REGISTRATION FORM SESSION ___-___

Instructions:

1. Please fill in BLOCK Letters. *2. Please fill in with Black or Blue ink.*
3. Leave one block blank for space. *4. Please submit 2 photographs (PP SIZE).*

1. Name of Student :

2. Community (✓ Mark) : General ☐ OBC ☐ SC ☐ ST ☐

3. Date of Birth : D D M M Y Y Y Y

4. Gender : Male ☐ Female ☐

5. Aadhar No. (UID) :

6. (a) Mother's Name :

Mobile No. :

E-mail ID : _____

(b) Father's Name :

Mobile No. :

E-mail ID : _____

7. Occupation :

Father : Business ☐ Employed ☐ Self Employed ☐ Govt. Service ☐ Others ☐

Mother : Business ☐ Employed ☐ Self Employed ☐ Govt. Service ☐ Home Maker ☐ Others ☐

8. Address (Home): _____

_____

_____

9. Grade to which admission sought (✓ Mark): PLAY GROUP ☐ NC ☐ LOWER KG ☐ UPPER KG ☐

10. Name of School last attended: _____

I agree to abide by the rules formulated by the centre from time to time. I also understand that the Registration Fee is non-refundable and my ward's admission will be strictly on merit.

_____
Signature of Parent/Guardian

OFFICE USE ONLY

Date and Time of Admission Test _____ **REGN No.:** _____ **REGN Date:** _____

NOTE : REGISTRATION DOES NOT GUARANTEE ADMISSION

(Form downloaded from website must be submitted at the Office with Registration Fee.)