



MAHARISHI MARKANDESHWAR INTERNATIONAL SCHOOL

REGISTRATION FORM

CAMPUS OPTED FOR

MMIS, MULLANA, AMBALA ☐

MMIS, SADOPUR, AMBALA ☐

MMIS, RAMBA, KARNAL ☐

Issue of Registration Form does not ensure Admission.

Please ensure that you provide all the required information. Use CAPITAL LETTERS and tick (✓) the appropriate boxes

CLASS TO WHICH ADMISSION IS SOUGHT

Student Information

Stamp
Size
photograph

First Name _____

Middle Name _____

Surname _____

Sex: Male ☐ Female ☐ Category : Gen ☐ SC ☐ ST ☐ OBC ☐

Date of Birth _____ (DD/MM/YY) Place of Birth _____ Nationality _____

Age (As on 1st March of the Current Year) _____ Mother Tongue _____

Identification/Birth Mark _____ Religion _____ Sports _____

Hobbies _____ Other Interests _____

Residential and Communication Address

Name _____ House Number & Building Name _____

(To whom the Communication is to be sent)

Street/Village _____ City /Distt. _____ State _____

Country _____ Pin Code _____ Telephone _____ Mobile _____

Fax _____ E-mail _____

Family Information

Father's Name _____ Occupation _____

Annual Income _____ Name of the Organization / Designation _____

Address _____

Telephone _____ Mobile _____ Fax _____ E-mail _____

Mother's Name _____ Occupation _____

Annual Income _____ Name of the Organization / Designation _____

Address _____

Telephone _____ Mobile _____ Fax _____ E-mail _____

Local Guardian's Name _____ Occupation _____

Designation _____ Name of the Organization _____

Address _____

Telephone _____ Mobile _____ Fax _____ E-mail _____

Please provide any other information that could assist us in Admission Procedure.

I/We certify that the information given in the Registration Form is correct.

Signature of Guardian / Parents

Place _____

Date _____