



IBA District Montessori School Shikarpur

ADMISSION FORM



Class: _____

Form No _____

Name: _____
(USE CAPITAL LETTERS)

Father's Name: _____
(USE CAPITAL LETTERS)

Surname: _____ Guardians Name: _____

Admission to Class: _____ Mother tongue (M.T): _____

Mark of ID: _____ Religion: _____

Last school attended: _____

Date of Birth (in figures): _____

Date of birth (in words): _____

Place of Birth: _____ Taluka & District: _____

Father's/Guardian's Occupation: _____

Father's/Guardian's Qualification: _____
(Please mention only highest qualification)

Mother's Qualification: _____
(Please mention only highest qualification)

Family income (per month): _____

Brothers / sisters studying in our college:

1. Name: _____ Class: _____

2. Name: _____ Class: _____

3. Name: _____ Class: _____

Permanent Address: _____

_____ Parent/Guardian's E-mail: _____

Postal Address: _____

Phone(s) Mobile: _____ Office: _____ Res: _____

1. The above information is correct to the best of my knowledge.
2. I hereby do abide by all the rules and regulations of the Institute.
3. Attach B-Form (NADRA) for Class Nursery & Montessori-I
4. Attach School Leaving Certificate for Class-I to IX
5. Attach two passport size photographs

Dated _____

Note: Please attach Birth certificate / Leaving certificate and stick photograph

Signature
Father/Guardian

FOR OFFICE USE ONLY

The candidate interviewed on _____

Admission allowed to class _____

Admission disallowed for _____

PRINCIPAL

Roll No _____

Receipt No _____

Date _____

Amount _____