

7

Form Serial No.:

# Mount Litera Zee School

Great School . Great Future  
ALWAR

## REGISTRATION FORM

Session 20  -

Affix a recent  
passport sized  
colour photograph  
of the Child

Name of the Child \_\_\_\_\_

Admission sought in class \_\_\_\_\_

Stream (Class XI) - Science / Commerce / Humanities

Registration No.

Date of Issue \_\_\_\_\_



(Please fill the Form in capital letters only)

1. How did you learn about the opening of Registrations at Mount Litera Zee School.  
Advt. ☐ Website ☐ Pre-School ☐ Friends ☐ Other ☐
2. Name of the Child: \_\_\_\_\_ M ☐ F ☐
3. Date of Birth dd/mm/yyyy):
4. Place of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_
5. Age as on 31st March 20:  Years  Months  Days Blood Group: \_\_\_\_\_
6. Admission sought in Class (in words): \_\_\_\_\_
7. Nationality: \_\_\_\_\_ Domicile of: \_\_\_\_\_
8. Mother Tongue : Hindi ☐ English ☐ Other ☐ (specify) \_\_\_\_\_
9. Admission Category : GEN ☐ EWS ☐ Others ☐ (please specify) \_\_\_\_\_
10. Is your Child suffering from any Chronic Disease / Illness / Allergy / disabilities which the school should be aware of \_\_\_\_\_
11. Residential Address (Local Address) House No. / Plot No.: \_\_\_\_\_  
Locality : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Contact No. \_\_\_\_\_
12. Distance from the School in kms: \_\_\_\_\_
13. Permanent Address (Postal Address) House No. / Plot No.: \_\_\_\_\_  
Locality : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Contact No. \_\_\_\_\_

Please fill in the following:	Mother
Name:	
Age:	
Academic Qualification:	
Profession:	
Organisation:	
Designation:	
Office Address:	
City/State	
Office & Mobile No.:	
E-mail:	



Please fill in the following:	Father
Name:	
Age:	
Academic Qualification:	
Profession:	
Organisation:	
Designation:	
Office Address:	
City/State	
Office & Mobile No.:	
E-mail:	

a) Other Details: Kindly fill this if applicable

Current School: \_\_\_\_\_ Current Class: \_\_\_\_\_

Medium of instruction of School: \_\_\_\_\_ board of Affiliation: CBSE/ICSE/IB/Others \_\_\_\_\_

School Address \_\_\_\_\_

b)

Class	Exam	Overall %/Grade

c) Whether any Sibling/s (Real brother / Sister) who have applied or studying at MLZS

If yes,

Name of the Child	Admission No.	Class	Section

What are your Child's special Skills and Interests? Mention achievements if any:

---



---



---

What expectation do you have from the School?

---



---

Area of Interest where Parental contribution could enrich the School

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> Music / dance/Drama    | <input type="checkbox"/> Social Skills        | <input type="checkbox"/> Painting/Sculpture   | <input type="checkbox"/> Sports   |
| <input type="checkbox"/> Academics              | <input type="checkbox"/> Public speaking      | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Media/PR |
| <input type="checkbox"/> Bus/Outing supervision | <input type="checkbox"/> Community Programmes | <input type="checkbox"/> Career Counselling   | <input type="checkbox"/> Medical  |
| <input type="checkbox"/> Others                 |   |   |                                   |

Mention two preferences for the desired Bus Stop: Preference 1. \_\_\_\_\_ Preference 2. \_\_\_\_\_

Affix a recent  
passport sized  
colour photograph  
of the Child

Name of the Student \_\_\_\_\_

---

Admission to Class \_\_\_\_\_

Registration No. \_\_\_\_\_

Date \_\_\_\_\_

Join us for an Interactive Session

on \_\_\_\_\_ (Date)

at \_\_\_\_\_ (Time).

Admission in Charge

\* Please carry originals of all the documents attached with the Registration form

\* Please carry this Receipt on the day of interaction

**Mount Litera**  
**Zee School**

Great School . Great Future  
ALWAR



Form Serial No.:

## ACKNOWLEDGEMENT RECEIPT

Mount Litera  
Zee School

Great School . Great Future  
ALWAR

**City Office :** 3, Moti Doongari, Alwar  
Tel.: 0144 - 2703314

**Campus :** 6th Mile, Sirmoli Village Road,  
Jharkhera, Alwar - Bhiwadi  
State Higway, Alwar ( Raj.) 301028  
Mob.: 9672797979

## UNDERTAKING

I / We hereby certify that the information is correct to the best of my / our knowledge and belief. Further, I / We fully understand that if any information is found to be false / incorrect, the admission of my / our ward will stand cancelled. I / We also understand that the application for registration does not guarantee admission to my / our ward. If my / our son / daughter is selected for admission, we hereby agree and give consent to abide by the rules and regulations for school as applicable now and as amended from time to time.

Affix a recent  
passport sized  
colour photograph  
of the Mother

Affix a recent  
passport sized  
colour photograph  
of the Father

Affix a recent  
passport sized  
colour photograph  
of the Guardian

Mother's Name \_\_\_\_\_

Signature \_\_\_\_\_

Father's Name \_\_\_\_\_

Signature \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

## FOR OFFICE USE ONLY

Admission order by the Head of the School

Admitted ☐

Class \_\_\_\_\_

Not Admitted ☐

W.E.F. \_\_\_\_\_

Signature of the Head of the School

Enclosures to be submitted along with the Registration Form

### Note:

- I. Please attach photocopy of the following supporting documents:
  - i. Birth Certificate of the Child. (Issued by the Municipal corporation or any competent authority)
  - ii. Proof of Residence. (Passport / Voter ID / electricity Bill / Ration Card).
  - iii. Proof of Sibling if studying at MLZS (Wherever Applicable).
  - iv. Final Progress Report of the previous class and the recent Progress Report of the Current Class. (Wherever applicable).
  - v. **Addhar Card copy of the Child, Mother & Father.**
2. Two recent passport sized photographs of the Child and each Parent to be submitted.
3. Short-listed students will be informed by Post / Telephone / Email.
4. Incomplete forms are liable to be rejected without any intimation.