



DOHA
MODERN
INDIAN
SCHOOL

Passport Size
Photograph

ADMISSION FORM

Admission to Grade: _____ Sec: _____ Admission Number _____

Date: _____ / _____ / _____ Principal _____

TO BE FILLED BY THE PARENT

Please Use Block Letters , Giving details as per PASSPORT.

Name of the student: _____ Gender: _____

Date of Birth : _____ Place of Birth: _____ Country: _____

Nationality: _____ Religion: _____

Passport No.: _____ Issued At: _____ ON: _____

ID No.: _____ Valid till: _____

Admission required for Class: _____ Date of Admission: _____

Second Language for Grade 1 and above (Please Tick):

FRENCH MALAYALAM ARABIC TAMIL HINDI

Third Language for Grade 5 to 8 (Please tick one):

HINDI FRENCH MALAYALAM ARABIC TAMIL

School last attended: _____

Name of Parent/Guardian: _____

Occupation: _____

P.O.BOX: _____ Tel. Office: _____ Residence _____

Mobile: _____ E-mail: _____

Address (Res.): _____

Permanent Residence (As in the Passport): _____

Names of other children studying in the school

NAME	GRADE	SECTION

Names of persons permitted to visit / escort students

NAME	RELATIONSHIP / DESIGNATION

Declaration

I, _____ Father / guardian of _____ hereby solemnly declare

and certify that the particulars given above are true and correct. In case any item is found incorrect, I may be subject to the penalties thereof. I have fully understood the rules and regulations of the school and it shall be my responsibility to see that my son/daughter/ward shall unquestionably abide by the decision of the Principal/Management and render all cooperation to the school.

Date: _____ / _____ / _____

Signature of Parent/Guardian

Date: _____ / _____ / _____

Registrar

INFORMATION ABOUT YOUR CHILD
TO BE FILLED IN BY THE PARENT

AGE AT THE TIME OF ADMISSION _____ YEARS _____ MONTHS _____ DAYS

LANGUAGES SPOKEN AT HOME :

WHETHER HE / SHE ATTENDED A SCHOOL OR PRE-SCHOOL: _____

Special Talents : _____

Health: _____

Particulars of any special education: _____

Has your child been treated for any recurring medical problems/ allergies? If YES, please name them

Does your child have an immunization card? If so from which hospital? _____

Date: _____ / _____ / _____

signature of parent