



APPLICATION FORM TO BECOME ASSOCIATE SCHOOL OF

MAHARISHI KIDS HOME

(Please fill in complete information)



(PLEASE FILL THIS FROM IN CAPITAL LETTERS ONLY)

1. NAME OF THE APPLICANT

2. FATHER'S NAME

3. ADDRESS

..... PIN -

4. CONTACT NO. (PHONE) (MOBILE)

5. E-MAIL ADDRESS

6. NAME OF THE SCHOOL

7. NAME OF THE TRUST/SOCIETY

8. DATE OF ESTABLISHMENT OF SCHOOL

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9. DATE OF ESTABLISHMENT OF THE TRUST/SOCIETY

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(Please enclose registration certificate, memorandum of association, bylaws and current list of members/ trustees of the Trust/Society)

10. ADDRESS OF SCHOOL

..... PIN -

11. REGISTERED ADDRESS OF THE TRUST/SOCIETY

..... PIN -

12. PHONE AND FAX NUMBERS OF SCHOOL

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Area Code Phone Number

13. PHONE AND FAX NUMBERS OF REGISTERED OFFICE OF THE TRUST/SOCIETY

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Area Code Phone Number

14. EMAIL ADDRESS OF SCHOOL AND THE TRUST/SOCIETY

(SCHOOL)

(TRUST/SOCIETY)

15. CLASSES FROM STANDARD _____ TO _____

16. TOTAL NUMBER OF STUDENTS

17. NUMBER OF SECTIONS CLASS WISE

CLASS	PLAY GROUP	NUR.	KG I	KG II	I	II	III	IV
NO. OF STUDENTS								
NO. OF SECTIONS								

18. MEDIUM OF INSTRUCTIONS: HINDI ENGLISH ANY OTHER

19. AFFILIATION NUMBER YEAR

20. SCHOOL AIDED UNAIDED

21. DETAILS OF LAND: OWNED RENTED

• AREA IN SQFT DATE OF REGISTRATION

• LAND OWNER'S NAME AND ADDRESS

.....

..... PIN -

• IF RENTED PREMISE: DURATION OF LEASE/RENT AGREEMENT YEAR

• IF LEASE/RENT DEED IS REGISTERED: YES NO

22. BUILDING: TOTAL SQFT NUMBER OF CLASS ROOMS

(Please enclose photocopy of land documents-registration, mutation, approved building plans, different NOCs and all four side photographs of all buildings. In case the property is leased/rented, please enclose lease/rent deed)

23. DISTANCE FROM CITY CENTRE KM

DISTANCE FROM BORDER OF THE CITY KM

24. NUMBER OF PLAY GROUP / PRIMARY SCHOOLS IN THE CITY/ TOWN

• SCHOOLS MENTIONED ABOVE ARE AFFILIATED WITH CBSE STATE BOARD

• NUMBER OF STUDENTS IN EACH OF ABOVE MENTIONED SCHOOLS

(Please enclose list)

25. PLAY GROUNDS: (Describe the play fields in a separate sheet)

26. OTHER INFORMATION:

TEACHING STAFF: NTT Non NTT TOTAL

(Please enclose list of teachers with their name, qualification, date of birth, experience, basic pay, allowances, deductions and gross salary)

DETAILS OF ADMINISTRATIVE STAFF:

OFFICE ASSISTANTS ACCOUNTS CLERK SECURITY STAFF

DRIVERS CONDUCTORS GARDENERS PEONS OTHERS

27. INCOME, EXPENSES AND NET SURPLUS OR LOSS FOR LAST FIVE YEARS:

YEAR	INCOME	EXPENSES	NET SURPLUS	LOSS

(Please enclose photocopies of balance sheets including annexures)

28. PLEASE DESCRIBE SPECIAL FEATURES OF THE SCHOOL ON SEPARATE SHEET.

29. PLEASE ENCLOSE SAMPLE PAMPHLET, BROCHURE, LEAFLET, POSTERS, PROSPECTUS, SCHOOL MAGAZINE OF YOUR SCHOOL.

30. DEMAND DRAFT Rs. _____ DATE _____

DD NO. _____ BANK _____

31. ANY OTHER INFORMATION – (Please use separate sheets)

DECLARATION

I/WE DECLARE THAT ALL INFORMATION FURNISHED ABOVE IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND IF FOUND INCORRECT, THE MAHARISHI SHIKSHA SANSTHAN INDIA WILL HAVE DISCRETION TO REJECT THIS APPLICATION AT ANY TIME.

DATE:

PLACE:

SIGNATURE, FULL NAME AND POST OF AUTHORISED SIGNATORY

Please strike whatever columns are not applicable for applicant