



## MORAVIAN INSTITUTE

"Zhan – Phan – Ling", Rajpur, Dehradun, UK 248009

Telephones: 0135-2734358, 0-706-030-6639

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Please affix here  
a recent  
passport sized  
photograph  
of the child

### APPLICATION FORM for ADMISSION to HOSTEL SECTION in 2018-19

To,  
The Principal  
Moravian Institute  
'Zhan-Phan-Ling"  
Rajpur, Dehradun  
Uttarakhand 248009

Date: \_\_\_\_\_

Sir,

I request you to kindly admit my son / daughter / ward,\* (\* Please delete whatever is not applicable) named \_\_\_\_\_ in your Institute's HOSTEL SECTION as a PUPIL. In requesting admission I understand that his/her\* name will be placed on the Institute's waiting list for admission to the class I have requested. If, at admission time he/she\* is not admitted due to lack of space or for any other reason, I shall accept your decision as final and binding on me. I also understand that the Application Fee is not refundable.

#### BELOW ARE OTHER PARTICULARS REQUIRED

1. (a) Date of Birth of child : \_\_\_\_\_ (b) Place of Birth of child : \_\_\_\_\_
2. (a) Nationality : \_\_\_\_\_ (b) Caste / Tribe of People : \_\_\_\_\_
- (c) Religious background : \_\_\_\_\_ (d) Male or Female : \_\_\_\_\_
3. (a) School being attended at present (Please give name, address and phone number) : \_\_\_\_\_  
\_\_\_\_\_
4. (a) Has the child lived in a hostel ? \_\_\_\_\_ (b) If so, when and for how long ? \_\_\_\_\_
5. Class & Date for which admission is requested in Moravian Institute Class : \_\_\_\_\_ Date : \_\_\_\_\_
6. Father's name : \_\_\_\_\_ Mother's name : \_\_\_\_\_  
Child's Siblings : Name Gender Year of Birth Occupation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child is admitted, I have no objection to him/her studying or accepting your hostel's religious instructions and prayers. I also promise that he/she, my family, friends and I will abide by all the rules and regulations of Moravian Institute, and will cooperate in every way possible to support the Institute in its mission to nurture my child.

FATHER'S NAME \_\_\_\_\_ FATHER'S Signature \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S Signature \_\_\_\_\_

LEGAL GUARDIAN'S NAME \_\_\_\_\_ LEGAL GUARDIAN'S Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_

Alternative Telephone No. \_\_\_\_\_

e-mail ID. \_\_\_\_\_

Permanent address of Parents / Legal Guardian :

Address for Correspondence (if different from above) :

Other Telephone Numbers

Alternative e-mail ID.

**LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED WITH APPLICATION FORM :**

1. **Birth Certificate of Child** issued by municipality's Registrar of Births (if in city area), or Birth Certificate of child issued by Gram Pradhan (if in rural area), or Armed Forces Record. No other Certification of Birth will be accepted (including Affidavit/T.C, etc).
2. If parent/parents are not applying on behalf of the child, a proper reason must be given for this in a separate explanatory letter attached to this Application Form. The person who is applying in place of the parent/parents must be the **legal guardian**, who must submit a copy of the **Court Order** giving him/her guardianship of the child.
3. **Hostel Applicant's Medical Report** (in the form provided by Moravian Institute) – completed. No other Medical Certificate will be accepted.

**Please submit this form with the Application Fee. Refer to the Fee Schedule for the amount.**

**FOR OFFICE USE ONLY**

This Report was received on (date): \_\_\_\_\_ by \_\_\_\_\_ (Signature of Moravian Institute Staff)

Application Fee Rs. \_\_\_\_\_ received on (date) \_\_\_\_\_ R.No. \_\_\_\_\_

**Documents Submitted by Parents / Guardian**
 Birth Certificate: issued by  Municipality  Gram Pradhan  Armed Forces

 Hostel Applicant's Medical Report
**Interview Results**

Physical Fundamentals: Height \_\_\_\_\_ Weight \_\_\_\_\_ B.M.I. \_\_\_\_\_

Athletic Development: \_\_\_\_\_

Aesthetic Development: \_\_\_\_\_

Emotional Development: \_\_\_\_\_

Moral Development: \_\_\_\_\_

Social Development: \_\_\_\_\_

Remarks: Suitability of the Child for admission to Moravian Institute HOSTEL \_\_\_\_\_ and other considerations \_\_\_\_\_

(Hostel Supervisor) Date: \_\_\_\_\_

Application Fee Rs. \_\_\_\_\_ received on (date) \_\_\_\_\_ R.No. \_\_\_\_\_

Security Deposit Rs. \_\_\_\_\_ received on (date) \_\_\_\_\_ R.No. \_\_\_\_\_

Admission Fee Rs. \_\_\_\_\_ received on (date) \_\_\_\_\_ R.No. \_\_\_\_\_

Other Fees Rs. \_\_\_\_\_ received on (date) \_\_\_\_\_ R.No. \_\_\_\_\_ (purpose) \_\_\_\_\_

Other Fees Rs. \_\_\_\_\_ received on (date) \_\_\_\_\_ R.No. \_\_\_\_\_ (purpose) \_\_\_\_\_