UNIVERSITY CAMPUS SCHOOL
MAHARSHI DAYANAND UNIVERSITY, ROHTAK
(A State University established under Haryana Act No. XXV of 1975)
'A' Grade University Accredited by NAAC

ADMISSION NOTICE (2016-17)

It is notified for information of all the Teaching and Non-Teaching staff working in
the M.D.University Rohtak that registration for the admission of classes Nursery to IX & XI
(Science and Commerce) is open. Last date of submission of Application form will be
19/03/2016 (Saturday). Admission test (Except Nursery) will be held on
30/03/2016(Wednesday) at 10:00 AM in University Campus School. (Application Performa
given over leaf)

For Nursery class a child falling in the age bracket of 3-4 years as on 01/04/2016 will
be consider for admission, a recent passport size photo of the child and the Date of birth
certificate issued by Municipal Council/Civil Hospital/PGIMS/Registrar of Birth must be
submitted in the school office with the application form latest by 19/03/2016(Saturday).

Principal

Ends. No. _______ Date: _______

Copy of the above is forwarded to the following for information.
1. P.A. to VC/ Registrar/ COE (for kind information of the Vice-Chancellor/Registrar/
Controller of Examinations), M.D. University, Rohtak.
2. All the Heads of Teaching Deptts./ Offices/ Branches, M.D. University, Rohtak.
3. Director Public Relations, M.D. University, Rohtak for wide publicity.
REGISTRATION FORM FOR CLASS_________(2016-17)
(To be completed, signed & submitted by the parents)

To
The principal
University Campus school,
M.D.U. Rohtak

Dear Madam

I Request for admission of my Son/Daughter/Ward to Class___________of your
School, I Agree to Abide by rules and regulation of the school, if he/she is selected
for admission. The necessary particulars are given below:-

i) Name of student (block letters)________________________

ii) Date of Birth (in fig.)__________________(in words)________________________

iii) Father’s Name (block letters)________________________ Univ. Employee Yes/No

iv) Mother’s Name (block letters)________________________ Univ. Employee Yes/No

v) Residential Address ______________________________________

vi) Contact No. ______________________________________

vii) Name of Previous School________________________


Signature of the Parent/Guardian

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For office use only

Admit to Class__________ PRINCIPAL