

**MEMBERSHIP APPLICATION FORM****A. School information :-**

Date :

School Name:-

Locality:-

Place (Town / City) :-

State:- Pin:-

School Details (Tick the appropriate one)**School syllabus :**State syllabus ☐ CBSE ☐ ICSE ☐ Other (specify)**Medium of Instruction :**English ☐ Other ☐ Both ☐ Other (specify)**School type**Day ☐ Boarding ☐ Co-ed ☐ Boys ☐ Girls ☐

Name of the correspondent / directors:-

Phone: - Mobile:-

E-mail:- Website/ URI

Name of the Principal: -

Phone: - Mobile:-

E-mail:- Website/ URI

School Vision & Mission

School Management / Promoters Information

Trust / Society Name:

Establishment Year:

Details of other Institutions run by the same society

Name of the Institution	Year of Establishment	Type of Institution	Other Information

* mention school / collage details separately

B. Strength Particulars :-

Class	Total Students	No. of Sections	Medium

C. Achievements & Results :-**(a) Academic**

- (i) Competitive exams achievement :- _____
- (ii) Scholarship (if any) procured :- _____
- (iii) Awards State / National Level :- _____

(b) NonAcademic

- (i) Extra - curricular activities :- _____
- (ii) Sports:- _____
- iii) others :- _____

D. Innovations & new trends introduced _____

E. Purpose of CMOF Membership _____

Note: Use enclosures if necessary

Terms:

- Those who want to register their institutions should submit the written application form by post or E-mail to : **care@cmofeduworld.org**
- Application can be downloaded from the following link Download here for any further information contact: CMOF Edu Solutions Pvt. Ltd., Helpline : **1800-270-1488**

Signature of principal