REGIST	RATION FORM	1 (2023-24) Form	No.: PRI/23-24/W.		
BANASTHALI PUBLIC SCHOOL					
G-BLOCK, VIKAS PURI, NEW DELHI -18, Phone No.:011-28543824 Website: www.banasthalipublicschool.com					
Affix Coloured	Affix Coloured	Affix Coloured	Affix Coloured		
Photograph of	Photograph of	Photograph of	Photograph of		
MOTHER	FATHER	GUARDIAN (If Applicable)	CHILD		
KINDLY FILL THE FORM	KINDLY FILL THE FORM IN BLOCK LETTERS ONLY, ALL FIELDS ARE MANDATORY				
Seeking Admission in Class: <u>F</u>					
Student's Full Name:		Aadhar No.:			
Date of Birth*: /	/(DD/MM	Ι/ΥΥΥΥ)			
Age as on31st March 2023:	Years	Ionth(s) Days(s)			
Category (Gen./SC/ST/OBC) *:	, Nationality	y:, Ge	ender (M/F/T):		
Religion (Hindu/Muslim/Sikh	/Christian/Jain/Parsi,	/Buddhist):, N	linority (Yes/No) *:		
PARTICULARS	FATHER	R N	IOTHER		
Name					
Academic Qualification					
Occupation & Designation					
Annual Income					
Office Address					
Mobile No.					
Email Id					
Email Id Aadhar No.					
			,		
Aadhar No.	hool *:(in K.M., google.co.in), showing the dist	, To meet distance criteria , it is ance between parent's residence	compulsory to submit the and main gate of the school)		
Aadhar No. Present Address*: Distance from Residence to Sc printout from google map (https://maps.g	hool *:(in K.M., google.co.in), showing the dist led:	, To meet distance criteria , it is ance between parent's residence	compulsory to submit the and main gate of the school) , Prev. Class:		
Aadhar No. Present Address*: Distance from Residence to Sc printout from google map (https://maps.g Name of the School last Attended	hool *:(in K.M., google.co.in), showing the dist led: uired: YES NO	, To meet distance criteria , it is ance between parent's residence D, Bus Stop (If Yes):	compulsory to submit the and main gate of the school) , Prev. Class:		
Aadhar No.Present Address*:Distance from Residence to Scprintout from google map (https://maps.gName of the School last AttendAddress of the last School:School Transport Facility RequMention Disease (Epilepsy/Dfrom:	hool *:(in K.M., google.co.in), showing the dist led: uired: YES NC iabetic/Asthmatic/Any	, To meet distance criteria , it is ance between parent's residence D, Bus Stop (If Yes): y Other) / Allergy (if a	a compulsory to submit the and main gate of the school) , Prev. Class:		
Aadhar No.Present Address*:Distance from Residence to Scprintout from google map (https://maps.gName of the School last AttendAddress of the last School:School Transport Facility RequMention Disease (Epilepsy/Dfrom:Is child PWD (Person with Dis	hool *:(in K.M., google.co.in), showing the dist led: uired: YES NC iabetic/Asthmatic/Any ability) (Yes/No)*:	, To meet distance criteria , it is ance between parent's residence D, Bus Stop (If Yes): y Other) / Allergy (if a , Is Adopted Child	a compulsory to submit the and main gate of the school) , Prev. Class: any) child is suffering d* (Y/N):		
Aadhar No.Present Address*:Distance from Residence to Scprintout from google map (https://maps.gName of the School last AttendAddress of the last School:School Transport Facility RequMention Disease (Epilepsy/Dfrom:	hool *:(in K.M., google.co.in), showing the dist led: uired: YES NC iabetic/Asthmatic/Any ability) (Yes/No)*:	, To meet distance criteria , it is ance between parent's residence D, Bus Stop (If Yes): y Other) / Allergy (if a , Is Adopted Chile e):Father Mot	a compulsory to submit the and main gate of the school) , Prev. Class: any) child is suffering d* (Y/N):		

<u>ADMISSION CRITERIA</u>: It is mandatory to attach the relevant proofs of Criteria.

S. No.	Criteria		Total Points	Range of Points	Put a tick mark (☑) At appropriate place.	FOR OFFICE USE	
						Tick 🗹	Points
		0-5 K.M.		70			
1.	Neighbourhood	> 5-8 K.M.	70	65			
		> 8 K.M.		60			
2.	Sibling (Real Bro studying in BPS)		10	10			
3.	Alumni (If any or studied in BPS) *		10	10			
4.	Ward of Staff / S	.M.C. Member	10	10			
		Total	100	100			

***SELF- ATTESTED PHOTOCOPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED:**

S. No.	PARTICULARS	CHECKLIST FOR PARENT	FOR OFFICE USE
1	Birth Certificate issued by MCD/Competent Authority		
2	Residence Proof ([Any of Passport/Voter ID Card (EPIC)/Aadhar Card / UID Card/ MTNL Telephone Bill/ Water Bill/Electricity Bill] in the name of any of the parent or child / Domicile Certificate of child or of his/her parent/[Ration Card/Smart Card] issued in the name of parent having name of the child).		
3	Proof of Distance: (Printout from google map), regarding the distance between parent's residence and main gate of the school.		
4	Aadhar Card of Child, Father & Mother		
5	Report Card of Previous Session		
6	School Medical Certificate (Attested by competent authority only)		
7	Caste Certificate of SC/ST/OBC (if applicable)		
8	Certificate of PWD (Person with Disability) (if applicable)		
9	Proof of Sibling: Photocopy of School ID / Fee Receipt (if applicable)		
10	Proof of being Alumni of School (if applicable)		

Please register my ward named above for admission in your school. I shall produce the requisite documents in original at the time of admission.

DECLARATION

I (Father/ Mother/ Guardian) of Mst./Ms	here
by declare that the information given above by me is based on facts and authentic records. In	a case, any of the
information is found false or incorrect, the registration may be cancelled and school authority	ties are at liberty
to take any action as deemed fit.	

Father	Mother	Legal Guardian	
(FOR OFFICE USE ONLY)	Re	gn. No.: PRI/RN/23-24/	
Form Received on://202	,	Form Received By:	
REMARK(if any) :			
Observed the Child Personally (Yes/	No):, Adm. In-Charge Si	gn.:/202	