



# BANASTHALI PUBLIC SCHOOL

G-BLOCK, VIKAS PURI, NEW DELHI -18, Phone No.:011-28543824

Website: [www.banasthalipublicschool.com](http://www.banasthalipublicschool.com)

Affix  
Coloured  
Photograph  
of  
**MOTHER**

Affix  
Coloured  
Photograph  
of  
**FATHER**

Affix  
Coloured  
Photograph  
of  
**GUARDIAN**  
(If Applicable)

Affix  
Coloured  
Photograph  
of  
**CHILD**

**KINDLY FILL THE FORM IN BLOCK LETTERS ONLY, ALL FIELDS ARE MANDATORY**

Seeking Admission in Class: \_\_\_\_\_

Date: ...../...../20.....

Student's Full Name: .....

Aadhar No.: .....

Date of Birth\*: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] (DD/MM/YYYY)

Age as on 31st March: [ ][ ] Years [ ][ ] Month(s) [ ][ ] Day(s)

Category (Gen./SC/ST/OBC)\*: ....., Nationality: ....., Gender (M/F/T): .....

Religion (Hindu/Muslim/Sikh/Christian/Jain/Parsi/Buddhist): ....., Minority (Yes/No) \*: .....

PARTICULARS	MOTHER	FATHER
Name		
Academic Qualification		
Occupation & Designation		
Annual Income		
Office Address		
Mobile No.		
Email Id		
Aadhar No.		

Name of the School last Attended: ....., Prev. Class: .....

Address of the last School: .....

Marks Obtained in Prev. Class(Out of:.....): E....., H....., M....., SCI. ...., S. SC. ...., SKT./ 3<sup>rd</sup> Lang: .....

Present Address\*: .....

Distance from Residence to School \*: ..... (in K.M., To meet distance criteria, it is compulsory to submit the printout from google map (<https://maps.google.co.in>), showing the distance between parent's residence and main gate of the school)

School Transport Facility Required:  YES  NO, Bus Stop (If Yes): .....

Mention Disease (Epilepsy/Diabetic/Asthmatic/Any Other) / Allergy (if any) child is suffering from: .....

Is child PWD (Person with Disability) (Yes/No)\*: ....., Is Adopted Child\* (Y/N): .....

Are you a single Parent? If Yes ( Tick the appropriate):  Father  Mother

Name and Class of the Real Brother / Sister studying in any School\*:

1) Name: ..... Class: ..... School: .....

**ADMISSION CRITERIA: 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
1.	Neighbourhood	70	0-3 K.M.	70		
			> 3-6 K.M.	65		
			> 6 K.M.	60		
2.	Sibling (Real Brother/Sister studying in BPS)*	10	10			
3.	Alumni (If any of the parent has studied in BPS)*	10	10			
4.	Ward of Staff / S.M.C. Member	10	10			
<b>Total</b>		<b>100</b>	<b>100</b>			

**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 (UIDC)/MTNL Bill/ Water Bill/Electricity Bill in the name any parent /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		
5	School Medical Certificate (from competent authority only)		
6	Caste Certificate of SC/ST/OBC (if applicable)		
7	Certificate of PWD (Person with Disability) (if applicable)		
8	Proof of Sibling : Photocopy of School ID / Fee Receipt (if applicable)		
9	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 case, any of the information is found false or incorrect, the registration may be cancelled and school authorities are at liberty to take any action as deemed fit.

.....  
**Father**

.....  
**Mother**

.....  
**Legal Guardian**

**(FOR OFFICE USE ONLY)****Regn. No.: PRG/RN/2021/.....****Form Received on: ...../...../20.....,****Form Received By: .....****REMARK(if any) : .....****Observed the Child Personally (Yes/No): ....., Adm. In-Charge Sign.: ..... Date: ...../...../20.....**