REGIST	RATION FORM	(2023-24) Form	No.: PRO/23-24/W
BANAS	STHALI PU	JBLIC S	CHOOL
	IKAS PURI, NEW DEI	LHI -18, Phone No.	
	Website: <u>www.banasthali</u>	publicschool.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 FIELD	S ARE MANDATORY
Seeking Admission in Class: _		Date:	//202
Student's Full Name:		Aadhar No.: .	
Date of Birth*: /	/ (DD/MM/)	(YYY)	
Age as on 31st March 2023:	Years Mon	nth(s) Day(s)	
Category (Gen./SC/ST/OBC) *	: Nationality:	,	Gender (M/F/T):
Religion (Hindu/Muslim/Sikh	ı/Christian/Jain/Parsi/B	uddhist):, 1	Minority (Yes/No) *:
PARTICULARS	FATHER]	MOTHER
Name			
Academic Qualification			
Occupation & Designation			
Annual Income			
Office Address			
Mobile No.			
Email Id			
Aadhar No.			
Present Address*: Name of the School last Atten			
Address of the last School:			•
Marks Obtained in Prev. Class			
School Transport Facility Req			
Mention Disease (Epilepsy/I)iabetic/Asthmatic/Any (Other) / Allergy (if	any) child is suffering
from:			
Is child PWD (Person with Dis	sability) (Yes/No)*:	, Is Adopted Chi	ld* (Y/N):
Are you a single Parent? If Ye	s (Tick the appropriate):	Father Mot	ther
Name and Class of the Real Br	other / Sister studying in	any School*:	
1) Name:	Class: S	chool:	

*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.	Aadhar Card of Child		
4.	Aadhar Card of Father		
5.	Aadhar Card of Mother		
6.	Aadhar Card of Guardian (if applicable)		
7.	Report Card of Previous Session		
8.	School Medical Certificate (Attested by competent authority only)		
9.	Caste Certificate of SC/ST/OBC (if applicable)		
10.	Certificate of PWD (Person with Disability) (if applicable)		
11.	Proof of Sibling: Photocopy of School ID / Fee Receipt (if applicable)		
12.	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.

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Father	Mother	Legal Guardian

(FOR OFFICE USE ONLY)	Regn. No.: PRO/RN/23-24/
Form Received on://202,	Form Received By:
REMARK(If Any):	
Observed the Child Personally (Yes/No):, Adm	. In-Charge Sign.:

Date:/...../202......