	TION FORM (2	023-24) Form	No.: PRP/23-24/W		
BANASTHALI PUBLIC SCHOOL					
G-BLOCK, VIKAS PURI, NEW DELHI -18, Phone No.:011-28543824					
Website: 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	SARE MANDATORY		
Seeking Admission in Class: <u>P</u>	<u>REP</u>	Date:	//202		
Student's Full Name:		Aadhar No.:			
Date of Birth*: /					
Age as on 31st March 2023:		nth(s) Days(s	-		
Category (Gen./SC/ST/OBC) *:	-				
Religion (Hindu/Muslim/Sikh					
PARTICULARS	FATHER	N	MOTHER		
Name					
Academic Qualification					
Academic Qualification Occupation & Designation					
Academic Qualification Occupation & Designation Annual Income					
Academic Qualification Occupation & Designation Annual Income Office Address					
Academic Qualification Occupation & Designation Annual Income					
Academic Qualification Occupation & Designation Annual Income Office Address					
Academic Qualification Occupation & Designation Annual Income Office Address Mobile No.					
Academic QualificationOccupation & DesignationAnnual IncomeOffice AddressMobile No.Email IdAadhar No.Present Address*:Distance from Residence to Scprintout from google map (https://maps.gName of the School last Attend	hool *:(in K.M., To coogle.co.in), showing the distant ed:	o meet distance criteria , it is the between parent's residence	s compulsory to submit the e and main gate of the school) , Prev. Class:		
Academic QualificationOccupation & DesignationAnnual IncomeOffice AddressMobile No.Email IdAadhar No.Present Address*:Distance from Residence to Sciprintout from google map (https://maps.g	hool *:(in K.M., To coogle.co.in), showing the distant ed:	o meet distance criteria , it is the between parent's residence	s compulsory to submit the e and main gate of the school) , Prev. Class:		
Academic QualificationOccupation & DesignationAnnual IncomeOffice AddressMobile No.Email IdAadhar No.Present Address*:Distance from Residence to Scprintout from google map (https://maps.gName of the School last Attend	hool *:(in K.M., To coogle.co.in), showing the distant led: uired: YES NO, iabetic/Asthmatic/Any	o meet distance criteria, it is the between parent's residence Bus Stop (If Yes): Other) / Allergy (if a	s compulsory to submit the e and main gate of the school) , Prev. Class: any) child is suffering		
Academic QualificationOccupation & DesignationAnnual IncomeOffice AddressMobile No.Email IdAadhar No.Present Address*:Distance from Residence to Sciprintout from google map (https://maps.gName of the School last AttendAddress of the last School:School Transport Facility RequMention Disease (Epilepsy/Diffrom:	hool *:(in K.M., To coogle.co.in), showing the distance led: uired: YES NO, 1 iabetic/Asthmatic/Any (ability) (Yes/No)*:	b meet distance criteria, it is the between parent's residence Bus Stop (If Yes): Other) / Allergy (if a , Is Adopted Chil	s compulsory to submit the e and main gate of the school) , Prev. Class: any) child is suffering d* (Y/N):		
Academic QualificationOccupation & DesignationAnnual IncomeOffice AddressMobile No.Email IdAadhar 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/Diffrom:Is child PWD (Person with Disa	hool *:(in K.M., To coogle.co.in), showing the distance led: uired: YES NO, i iabetic/Asthmatic/Any (ability) (Yes/No)*: (Tick the appropriate):	b meet distance criteria, it is the between parent's residence Bus Stop (If Yes): Other) / Allergy (if a , Is Adopted Chil Father Mot	s compulsory to submit the e 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	
S. No. Crite		-11a				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 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)	Reg	n. No.: PRP/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.....