Child Photo

APPLICATION NUMBER





J.P.N. Nagar, Miyapur (CBSE)

REGISTRATION FORM

	FOR A	CADEMIC SESSI	ON					
	Please use capital letters to fill all	details						
1.	NAME OF THE CHILD :							
		(First Name)	(Middle	e Name)	(Last Name)			
2.	CLASS APPLIED FOR :							
3.	DATE OF BIRTH:	(date)	(month)	(year)				
4.	AGE : (as on 30th June of the academic year applying for)	(years)	(months)	(days)				
5.	SEX:	MALE	FEMALE					
6.	FATHER'S NAME :		MOTHER'S N	IAME :				
	Qualification:			Qualification:				
	Occupation :			Occupation :				
	Telephone :	FATHER	MOTHER	Telephone :				
	Mobile :			Mobile :				
	E-mail :			E-mail :				
7.	RESIDENTIAL ADDRESS :							
			Telepho	one :				
8.	EMERGENCY CONTACT :							
	Name :	•	•	Relationshi	o :			
	Telephone:							
	E-mail :							
9.	NATIONALITY :		10. RELIGION	l:				
	NATIONALITY :							
11.	NATIONALITY :		12. AADHAR N	NUMBER :				
11. 13.	NATIONALITY :	C : (Specify)	12. AADHAR N	NUMBER :				

SIBLING INFORMATION : (Please do not include cousins)								
Name	Age	Sex	Class	School				
DETAILS OF PREVIOUS EDUC			_					
WHETHER SCHOOL CONVEY	ANCE IS RE	:QUIRED :	Yes [No				
	RULES &	REGULA	<u>TIONS</u>					
ONCE THE ADMISSION IS CONFIRME FEE SHALL BE PAID IN CASH OR BY		ALLY, PAYM	ENT IS TO BE	E MADE AS PER THE FEE DE	TAIL			
FEE ONCE PAID IN CASH ON BY CHEQUE. FEE ONCE PAID IS NON-REFUNDABLE CONVEYANCE IS OPTIONAL FACILITY PROVIDED BY THE SCHOOL AND WILL BE OFFERED SUBJECT TO								
AVAILABILITY AND CONVENIENCE OF	F ROUTE.							
WITHDRAWAL DURING THE ACADEM THE WHOLE ACADEMIC YEAR.	IIC YEAR WITH	I OR WITH C	OUT NOTICE	WILL ENTITLE PAYMENT OF I	FEE			
THE SCHOOL MANAGEMENT RESER REQUIRED.	VES THE RIGH	IT TO AMEN	D THE RULE	S & REGULATIONS WHEN EV	/ER			
DOCUMENTS TO	BE SUBM	ITTED AT	THE TIM	E OF ADMISSION				
COPY OF THE BIRTH CERTIFICATE.								
 ORIGINAL TC (TRANSFER CERTIFICATE) FOR ALL CLASSES OTHER THAN PRE-PRIMARY. THREE PASS PORT SIZE PHOTOS OF THE KID. 								
2 PASS PORT SIZE PHOTOS OF THE MEDICAL CERTIFICATE OF THE CHIL								
MEDICAL CERTIFICATE OF THE OTHER		ARATIO	N					
I/WE HERE BY CERTIFY THAT THE			_	BY ME / US IS CORRECT A	AND			
DERSTAND THAT IF THE INFORMATOMATICALLY DEBARRED FROM SELVE ACCEPT THE PROCESS OF ADMISTICS OF ADMISTICS OF ADMISTICS OF ADMISTICS OF ADMISTICS OF AUTHORS	TION IS FOUN ECTION/ADM SSION UNDER	ND TO BE ISSION WIT	INCORRECT H OUT ANY C	OR FALSE, THE WARD S ORRESPONDENCE IN THIS	HAL REG			
RENT SIGNATURE :			NAME :					
TE :								
	FOR OFFI	CE USE (DNLY					
Name of the Child :				Class :				
Date of Admission :								
Admission No. :				Authorised Signature				
Admission / Registration Fee :	Tuit	tion Fee :		Transport Fee :				
Autilission / Negistration i ee .								