

Admission No.



Yuvashakti Model School

इशोरइहा aur इन्द्रक्रीडा

An ISO 9001 : 2015 Certified

(RECOGNIZED BY DIRECTORATE OF EDUCATION & AFFILIATED TO C.B.S.E.)
SECTOR-3, ROHINI, DELHI-110085

PHONE NOS. 011-27515659, 47148227, 011-27513735
E-mail Id : ymsschool@yahoo.co.in Website : www.ymsrohini.com

Application form for Registration/Admission to Class

Instructions :

1. Fill in the form neatly in BLOCK LETTERS in English only.
2. Fill in the form correctly & completely otherwise it will be rejected without intimation.
3. Fill "N.A." wherever not applicable.

AFFIX LATEST
PASSPORT
SIZE
PHOTOGRAPH
OF CHILD

TELL US ABOUT THE CHILD

- 1.1 Name of the Student
- | Surname | First Name | Middle Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
- 1.2 Date of Birth in figures : [Please Attach copy of Birth Certificate issued by MCD/ Transfer Certificate (TC) of Previous School]
- | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
- Date of Birth (in Words): _____
- Age as on 1st April _____ year

<input type="text"/>	<input type="text"/>
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 Month

<input type="text"/>	<input type="text"/>
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- 1.3 Residential Address : _____
- 1.4 Place of Birth : _____ Contact Nos. : _____
- 1.5 Gender :

<input type="checkbox"/>	<input type="checkbox"/>
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 M F Mother Tongue : _____
- 1.6 Religion : _____ Nationality : _____
- 1.7 Do you belong to SC/ST/OBC Yes No (If Yes, Please attach Proof thereof)
- 1.8 Student's Bank A/c No. _____ IFSC Code _____ Aadhar No. _____
- 1.9 Last School Attended : _____
- Affiliated to _____ Recognised by _____
- 1.10 Interest in Sports/Other Activities/Hobbies (if any) : _____

1.11 Whether school transport is required, if yes, from where : _____

1.12 Blood Group of the Student

1.13 **Health Information**

Allergy / Chronic ailment, If yes then specify

Differently abled, Yes No

Type of disability

Any other health problem

Tell Us About Yourself (Parents)

2.1 Who takes care of the child : Parents Guardian
In case, Parents :

FATHER / GUARDIAN

AFFIX LATEST
PASSPORT
SIZE
PHOTOGRAPH

MOTHER

AFFIX LATEST
PASSPORT
SIZE
PHOTOGRAPH

(a) Name : _____

(b) Age (in yrs) : _____

(c) Educational Qualification : _____

(d) Occupation : _____

(e) Name of the Organization/Dept.:-

(f) Official Address : _____

(g) Phone Nos. :- Off : _____

Mobile Nos. : _____

(h) Email Id :- _____

(i) Monthly Income : Rs. _____

(j) Whether the parents are Alumni of this school

(a) Name : _____

(b) Age (in yrs) : _____

(c) Educational Qualification : _____

(d) Occupation : _____

(e) Name of the Organization/Dept.:-

(f) Official Address : _____

(g) Phone Nos. :- Off : _____

Mobile Nos. : _____

(h) Email Id :- _____

(i) Monthly Income : Rs. _____

Yes No if Yes, Session _____

(k) No. of real brother(s) & sister (s)

	Name	Age	Gender	Class	School/College/Service/Orgn.
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

2.2 We want our child to be admitted in the school because : _____

2.3 We came to know about the school from : _____

UNDERTAKING BY THE PARENT

1. I _____ father/mother/guardian of _____ hereby declare that the information given above by me is correct. Admission of my child may be cancelled if any information is found to be false.
2. I undertake complete responsibility, legal and otherwise for the payment of all dues to the school in respect of my ward. In the event of any dispute over payment of dues, I agree to abide by the decision of the Principal. I have read the rules and regulations of the School and hereby agree to bind myself to the same or as modified from time to time and ensure compliance by my ward of the same & will not question or challenge in any way the propriety of any of them at any stage.
3. I further agree to abide by the decision of the Principal in my dealings with the School with respect to any other matter pertaining to my ward during his/her stay in the school.
4. I have no objection for my child attending moral and religious programs organized and conducted by the school.
5. I also declare that I have filled the form correctly and I shall not make any request for change in the date of birth or the spelling of my ward's name.

Date : _____

Signature of the Parent / Guardian

OFFICE USE ONLY

ADMISSION RECORD

ADMISSION NO.

DATE.....

ADMIT IN CLASS.....

PRINCIPAL

WITHDRAWAL RECORD

STRUCK OFF ROLLS ON

TRANSFER CERTIFICATE ISSUED

NO

YES

NUMBER.....

DATE.....

REMARKS.....

DOCUMENTS TO BE SUBMITTED

1. Photocopy of the birth certificate of the ward.
2. Certified copy of report card of last class.
3. Transfer Certificate of the school last attended & PEN Number.
4. SC/ ST/OBC/ Minority Community Certificate (if applicable).
5. Residence Proof - Voter ID Card/ Ration Card/ Licence/ Last Telephone or Electricity Bill.
6. Two Passport Size Photographs of the Parents & the Child.
7. Copy of Aadhar Card of both parents and ward.