



PRAKRITI INTERNATIONAL SCHOOL

BASED ON CBSE BOARD

Churaman Chak (Khottha), Turkdiha, Hata Pipraich Road, Kushinagar-274149 (U.P.)

Head Office : 6/16 Palm Olympia, Greater Noida west, Gautam Budh Nagar,
UP-201301, Ph. No. 0120-4168596

72758 83007, 72758 85007
72758 86007, 72758 89007

ADMISSION FORM

Admission Date
(For Office Use Only)

Scholar Number
(For Office Use Only)

Affix
Recent
Passport size
photograph
of Father

Affix
Recent
Passport size
photograph
of Mother

Affix
Recent
Passport size
photograph
of Student

A. Admission Required for class

1. INFORMATION OF THE STUDENT

First Name

Middle Name

Last Name

Gender

☐ Male ☐ Female

Date of Birth

DD

MM

YYYY

Date of Birth in Words

Blood Group

Religion

Caste

Category (GEN/OBC/SC/ST)

Nationality

Aadhar Number

2. BANK ACCOUNT DETAILS (Kindly mention the bank A/c details of the student only)

Bank A/c Number :

IFSC :

Bank Name :

Branch :

Preferred Mobile Number for school SMS

FAMILY INFORMATION

3. Father's Details

FAMILY INFORMATION

Father's Name :

Mobile Number :

Educational Qualification :

Office Address with phone number :

Occupation :

Designation :

Annual Income :

Aadhar Number :

4. Mother's Details

Mother's Name :	Mobile Number :
Educational Qualification :	Office Address with phone number :
Occupation :	
Designation :	Aadhar Number :
Annual Income :	

5. Sibling (Another real brother or sister presently studying at Prakriti International School)

Please Mention Name, Scholar No. and Class. Please enclose copy of Mark sheet of brother/sister	Name	Scholar No.	Class

6. CORRESPONDENCE ADDRESS

Father's Mobile Number :
e-mail ID :

7. PERMANENT ADDRESS

Mother's Mobile Number :
e-mail ID :

8. Local Guardian's Details

Guardian's Name :	Mobile Number :
Educational Qualification :	Office Address with phone number :
Occupation :	
Designation :	Aadhar Number :
Annual Income :	

9. Details of Previous School

School's Name	Name of the Board	Class	Grade/Marks Obtained

10. MEDICAL HISTORY (IF ANY)

Medical information pertinent to routine child care and emergencies (if any).	
Allergies to food or medicine (describe, if any)	

11. EMERGENCY DETAILS

Emergency Contact No. (Reg./Mobile)	Name of the person to be contacted	Relationship

12. DO YOU WANT CONVEYANCE FACILITY? ☐ Yes ☐ No

PICKUP POINT

- DECLARATION -

I, have the authority to admit my child/ward..... into the school as the parent/local guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school

Date

Signature of Principal/Headmistress

Signature of Parent/Guardian