



# Vidya Sanskar Public School

An institution devoted to bring a better tomorrow

Affiliated with CBSE New Delhi 10+2

E-mail: vsamskar.ps@gmail.com.

Kauria Kala, Adalhat, Mirzapur

Website: www.vspco.com

Form No.

## APPLICATION FOR REGISTRATION

Session

Please  
Affix  
Photograph

Class

### INFORMATION OF THE CHILD : (Write in CAPITAL letter)

First Name

Middle Name

Last Name

Gender

 M /  F (Tick Only)

Nationality

Date of Birth










Age : (as on 1st April)

Aadhar No. of Child

(Minimum Age required : \* Play group - 2 year 6 Months \* LKG - 3 Year 6 Months \* UKG - 4 Year 6 Months

\* Class 1 - 5 Year 5 Months (Add one year to every next class)

Category (Please Tick only)

Gen.  OBC  SC/ST

Permanent Address



Phone No.

Mobile No.

School Name & Class last attended

Medium

### Enclosures : All documents are mandatory at the time of admission (Tick Only) :

T.C. attached

Yes

No

Birth Certificate

Yes

No

Aadhar Card Copy of Child

Yes

No

Aadhar Card Copy of Parents

Yes

No

Marksheet of Previous Class

Yes

No

Passport Size photo of child (3 Copies)

Yes

No

**FAMILY INFORMATION :**

Father's Name	<input type="text"/>		Age	<input type="text"/>
Educational Qualification <input type="text"/>				
Occupation	<input type="text"/>	Aadhar Card No. <input type="text"/>		
Phone No.	<input type="text"/>	Mob. No.	<input type="text"/>	E-mail <input type="text"/>
Mother's Name	<input type="text"/>		Age	<input type="text"/>
Educational Qualification <input type="text"/>				
Occupation	<input type="text"/>	Aadhar Card No. <input type="text"/>		
Phone No.	<input type="text"/>	Mob. No.	<input type="text"/>	E-mail <input type="text"/>

**HEALTH OF THE CHILD :**

Normal Healthy Child (Tick only) Yes  No

Physically challenged (Tick only) Yes  No

Has any brother or sister of the applicant been studying in this institution : Yes  No

If Yes then Name & Class

If Son or Daughter of Staff : Name of the Parent & Designation

**DECLARATION**

I solemnly declare that the date of birth of the child is given as per the birth certificate which can be produced for verification (A certified copy is attached). I hereby certify that the information given in the registration form is accurate. I understand & agree that the registration of my child / ward does not guarantee admission to the school & that the registration fee is neither transferable nor refundable and school's decision on admission will be final and binding. I hereby agree to abide by all the decisions of the principal. If my child is found indulging in any indiscipline, whatsoever, the Principal will have the right to punish or expel him / her from the school and the decision will be final and binding on me.

I shall abide by the rules & regulations of the school enforced from time to time.

Date :

Time :

Signature of Parents/Guardian

**FOR OFFICE USE ONLY**

Admitted to Class : \_\_\_\_\_ Admission No. \_\_\_\_\_ Date \_\_\_\_\_

Receipt Number :