Reg. No	Admission No		Form No			
Yuvashakti Model School  RAMA VIHAR, DELHI-110081  Phones: 011-25951897, 25952117 Mob.: 9968783818,19  E-mail Id: ymsrama@gmail.com Website: www.ymsrv.in Registration / Admission Form						
Registration For Class						
Session	n 2 0	- 2 0				
1. FULL NAME OF THE CHILD						
2. DATE OF BIRTH (ATTACH PROOF) IN FIGURES  D D M M Y Y Y Y						
DATE OF BIRTH (IN WORDS)						
AGE AS ON 31ST MARCH YEARS MONTHS DAYS						
3. NAME AND ADDRESS OF PREVIOUS SCHOOL (IF ANY)						

AGE AS ON 31ST MARCH	YEARS	MONTHS	DA	YS					
3. NAME AND ADDRESS OF PREVIOU	(IF ANY)								
CLASS PASSED YEAR O	F PASSING				DA	TE OF SLC			
4. NATIONALITY SEX M F CASTE (PROOF) OBC SC ST									
5. MOTHER TONGUE			R	ELIGIO	ом [				
6. BLOOD GRP HEALTH CONCERN (IF ANY)									
7. CONTACT DETAILS									
A. RESIDENCE PHONE NUMBER									
B. FATHER'S MOBILE NUMBER									
C. MOTHER'S MOBILE NUMBER									

D. NEIGHBOUR'S MOBILE NUMBER 8. RESIDENTIAL ADDRESS Ν SCHOOL TRANSPORT REQUIRED km 9. DISTANCE FROM THE SCHOOL 11. Only Child 10. First Female Child Υ Ν Υ Ν 12. DETAILS OF BROTHERS/SISTERS A. NAME RELATION AGE B. NAME RELATION AGE C. NAME RELATION AGE

13. PARTICULARS OF PARENTS						
Photograph of Father	Photograph of Mother					
NAME	NAME					
QUALIFICATION	QUALIFICATION					
OCCUPATION	OCCUPATION					
DESIGNATION	DESIGNATION					
OFFICE ADDRESS	OFFICE ADDRESS					
OFFICE PHONE NUMBER	OFFICE PHONE NUMBER					
ANNUAL INCOME	ANNUAL INCOME					
EMAIL ID	EMAIL ID					
14. DETAILS OF BROTHERS/SISTERS IN THIS SCHOOL						
A. NAME	CLASS ADM NO.					
B. NAME	CLASS ADM NO.					
C. NAME	CLASS ADM NO.					
D. NAME	CLASS ADM NO.					
15. LOCAL GUARDIAN NAME						
RELATION	PHONE NUMBER					
ADDRESS						

## **CERTIFICATE**

I CERTIFY THAT I AM THE BONAFIDE PARENT / GUARDIAN OF THE CHILD. I UNDERSTAND THAT RENDERING FALSE OR MISLEADING INFORMATION MAY DISQUALIFY THE CHILD FOR ADMISSION/EDUCATION IN THIS SCHOOL. REGISTRATION IS NO GUARANTEE FOR ADMISSION. REGISTRATION FEE IS NON REFUNDABLE.

2.	IN THE EVENT OF MY WARD'S ADMISSION TO THE SCHOOL, I SHALL ABIDE BY THE SCHOOL RULES AND
	REGULATION IN ALL RESPECTS. I UNDERSTAND THAT THE DECISION OF THE MANAGEMENT / PRINCIPAL
	SHALL BE FINAL.

3.	IN THE EVENT OF MY WARD'S INVOLVEMENT IN ANY CASE OF INDISCIPLINE OR MISCONDUCT, THE
	SCHOOL WILL HAVE FULL AUTHORITY TO TAKE DISCIPLINARY ACTION.

SIGNATURE OF THE FATHER SIGNATUR	RE OF THE MOTHER SIGNATURE OF GUARDIAN
PRINCIPAL'S REMARKS	FOR OFFICE USE ONLY
	DATE OF ADMISSION
	ADMISSION NO. / ID NO.
	DOCUMENTS SUBMITTED
	AGE PROOF Y N
	CASTE PROOF Y N
	ADDRESS PROOF Y N
	SLC Y N
	INCOME PROOF Y N

SIGNATURE OF THE PRINCIPAL

SIGNATURE OF THE ADMISSION IN CHARGE