Reg. No.:	Admission No.:	Form No.:	

Yuvashakti Model School shikaha aur aanakriti

RAMA VIHAR DELHI - 110081 Senior Secondary School

(Affiliated to CBSE and Recognised by Directorate of Education Ph: 9868783818, 7982017591 Email: ymsrama@gmail.com, Website: www.ymsrv.in

Registration For Class

PHOTOGRAPH OF CHILD

Session -							
1.	FULL NAME OF THE CHILD:						
2.	DATE OF BIRTH (ATTACH) IN FIGURES:_	E OF BIRTH (ATTACH) IN FIGURES:					
	DATE OF BIRTH (IN WORDS):	ATE OF BIRTH (IN WORDS):					
	AGE AS ON 31ST MARCH :						
3.	NAME AND ADDRESS OF PREVIOUS SCI	HOOL (IF ANY):					
	YEAR OF PASSING:	CLASS PASSED:	DATE OF SLC:				
4.	GENDER:	NATIONALITY:	CASTE :				
5.	MOTHER TONGUE:		RELIGION:				
6.	BLOOD GROUP:						
	HEALTH CONCERN (IF ANY):						
7.	CONTACT DETAILS						
	A. RESIDENCE PHONE NUMBER:						
	B. FATHER'S MOBILE NUMBER:						
	C. MOTHER'S MOBILE NUMBER:						
	D. EMERGENCY CONTACT NUMBER:						
8.	RESIDENTIAL ADDRESS:						
9.	IS ANY OF THE PARENTS AN ALUMNI O	F THIS SCHOOL	□NO				
LO	DISTANCE FROM THE SCHOOL:		SCHOOL TRANSPORT REQUIRED:				
1.	FIRST FEMALE CHILD:		12. ONLY GIRL CHILD:				
3.	DETAILS OF BROTHERS/SISTERS:						
	A. NAME:	AGE	RELATION				
	B. NAME:	AGE	RELATION				
	C. NAME:	AGE	RELATION				

14. PARTICULARS OF PARENTS

PHOTOGRAPH OF FATHER

PHOTOGRAPH OF MOTHER

NAME:	NAME:
QUALIFICATION:	QUALIFICATION:
OCCUPATION:	OCCUPATION:
DESIGNATION:	DESIGNATION:
OFFICE ADDRESS:	OFFICE ADDRESS:
<u>-</u>	
OFFICE PHONE NUMBER:	OFFICE PHONE NUMBER:
ANNUAL INCOME:	ANNUAL INCOME:
EMAIL ID:	EMAIL ID:
5. DETAILS OF BROTHER/SISTER IN THE SCHOOL	
A. NAME	CLASS RELATION
B. NAME	CLASS RELATION
C. NAME	CLASS RELATION
D. NAME	CLASS RELATION
6. LOCAL GUARDIAN NAME:	
RELATION:	PHONE NUMBER:
ADDRESS:	
ADDRESS:	
	CERTIFICATE

<u>CERTIFICATE</u>

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 AT THIS SCHOOL. REGISTRATION IS NO GUARANTEE FOR ADMISSION. REGISTRATION FEE IS NON REFUNDABLE.

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.

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

SIGNATURE OF THE MOTHER

SIGNATURE OF GUARDIAN

PRINCIPAL'S REMIARKS	FOR OFFICE USE ONLY
	DATE OF ADMISSION:
	ADMISSION NO. / ID NO.: DOCUMENTS SUBMITTED: AGE PROOF: CASTE PROOF: ADDRESS PROOF: SLC:
	INCOME PROOF:
SIGNATURE OF THE PRINCIPAL / HEADMA	STER SIGNATURE OF THE ADMISSION IN CHARGE