



PUSHPA BHARTI PUBLIC SCHOOL

(Recognised by Delhi Govt. vide Registration No.1925272)

B-19, Om Nagar, Molarband, Badarpur, New Delhi-110044, Mob. No. 9999691731

www.pbps.niid.in

CLASS FOR WHICH
ADMISSION IS SOUGHT _____

FOR OFFICE USE ONLY

Registration No _____

CHILD

FATHER

MOTHER

PASSPORT
SIZE
PHOTO

PASSPORT
SIZE
PHOTO

PASSPORT
SIZE
PHOTO

Please ensure that you provide all the required information in CAPITAL LETTERS.

Tick the appropriate boxes or write NA if not applicable

1. This is not an Admission Form .Submission of this form does not guarantee admission to the school.
2. Form to be filled in block letters.

1. CHILD'S PARTICULARS

NAME			
	First name	Middle name	Surname
DATE OF BIRTH	DAY <input type="text"/> <input type="text"/>	MON <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (IN WORDS)			
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/>	FEMALE
NATIONALITY			
CHILD WITH SPECIAL NEEDS/PHYSICALLY CHALLENGED (SPECIFY,IF APPLICABLE)			
CATEGORY	GEN <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/> OBC <input type="checkbox"/> OTHER <input type="checkbox"/>
RELIGION			
RESIDENTIAL ADDRESS			
WHETHER SCHOOL TRANSPORT REQUIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
APPROXIMATE DISTANCE FROM RESIDENCE TO SCHOOL(KM)			
PRESENT SCHOOL			
AFFILIATED BOARDS & MEDIUM OF INSTRUCTION			
PROFICIENCY IN SPORTS/MUSIC/ART/OTHER			

%/MARKS/GRADE OBTAINED IN THE LAST EXAMINATION

S. No	SUBJECT	%MARKS/GRADE	S.NO.	SUBJECT	%MARKS/GRADE
1)	_____	_____	4)	_____	_____
2)	_____	_____	5)	_____	_____
3)	_____	_____	6)	_____	_____
Aggregate Grade %Mark: _____					

SIBLING DETAILS

NAME	DOB	CLASS & SEC.	SCHOOL

FATHER'S PARTICULARS

NAME		
HIGHEST ACADEMIC QUALIFICATION & NAME OF COLLEGE/INSTITUTE/BOARD		
TECHNICAL /PROFESSIONAL/QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/INSTITUTE		
OCCUPATION		
DESIGNATION		
OFFICE NAME & ADDRESS		
CONTACT NO.	MOBILE NO.	E-MAIL
ANNUAL INCOME		

MOTHER'S PARTICULARS

NAME		
HIGHEST ACADEMIC QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/BOARD		
TECHNICAL /PROFESSIONAL/QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/INSTITUTE		
OCCUPATION		
DESIGNATION		
OFFICE NAME & ADDRESS		
CONTACT NO.	MOBILE NO.	E-MAIL
ANNUAL INCOME		

GUARDIAN DETAILS

GUARDIAN NAME & RELATIONSHIP		
QUALIFICATION		
NAME & ADDRESS OF ORGANISATION		
DESIGNATION		
OFFICE TEL. NO.		
CONTACT NO.	MOBILE NO.	E-MAIL
WHETHER YOU BELONG TO EWS CATEGORY YES <input type="checkbox"/> NO <input type="checkbox"/> attached relevant proof, if any		
Areas in which you could contribute to enrich school life in terms of time, skill etc[please tick (✓)]		
CULTURAL <input type="checkbox"/>	MEDICAL <input type="checkbox"/>	MEDIA <input type="checkbox"/>
PROFESSIONAL <input type="checkbox"/>	SPORTS <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>
DOCUMENTS TO BE ATTACHED WITH THE REGISTRATION FORM		
<ol style="list-style-type: none"> 1. Self-attested photocopy of birth certificate of child issued by the municipal corporation. 2. Two Photo and Photocopy of proof of residence Aadhaar/electricity bill/ration card/passport/etc.) 		

Incomplete form will be rejected without assigning any reason.

- I/We fully understand that the school on accepting the registration of my/our ward is not any way bound to grant admission. Admission is purely based on the availability of seats and on qualifying the pre-admission test/interaction. I/We also understand that the decision of the principal regarding admission will be final and binding on me/us.
- In the event of my /our ward being selected for admission. I/We shall have no objection regarding the school medical officer inoculating my child as & when necessary. I/We further undertake to abide by the school rules.
- I/We hereby certify that the information given is correct and I/We shall abide by the decision of the school.

DATE.....

Signature of the Parent/Guardian

Form checked by.....

Form verified by