

VAISHNAVI PUBLIC ACADEMY



Vaishnavi Nagar Betul Road Gunkhed, Athner
Distt. Betul (M.P.) 460110
Ph. No. 9424452727, 8989950059
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Please affix a
recent colour
passport size
photograph

Academic Session- 20...-20...

REGISTRATION FORM

(Write in capital letters)

Form No: -----

R (E)/No:

1. Name of the child as per Birth Certificate _____
Name _____ Sur name _____

2. Date of Birth :

3. Place of Birth _____ 4. Gender: M F

5. Nationality: _____

6. Caste: _____

7. Caste Category: General/OBC/SC/ST: _____

8. Religion: _____

9. Aadhar ID of the Child: _____ SSSMID _____

10. Class to which admission sought: _____ For academic session: _____

11. Child's Bank Details:

Bank Name and Address _____

Account no. - _____

12. Address for Communication: _____

City: _____ State: _____ Pin code : _____

13. Permanent Address (If any): _____

City: _____ State: _____ Pin code : _____

14. Communication from School to be forwarded to:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SMS/Mobile

Email ID _____

15. Parental Information: Please mention:

ABOUT FATHER

Name: Mr. _____
- Date of Birth _____
- Adhar ID _____
- Family SSSMID _____
- Education _____
- Occupation _____
- Name of Organization _____
- Designation: _____
- Office Telephone No. _____
- Mobile No. _____
- Email ID _____
- Bank Account No. _____
- Bank Name & Address _____
- Annual Income

ABOUT MOTHER

Name: Mrs. _____
- Date of Birth _____
- Adhar ID _____
- Family SSSMID _____
- Education _____
- Occupation _____
- Name of Organization _____
- Designation: _____
- Office Telephone No. _____
- Mobile No. _____
- Email ID _____
- Bank Account No. _____
- Bank Name & Address _____
- Annual Income

- Up to 1Lakh 1 to 3Lakh 3 to 5 Lakh 5 to 10Lakh
 More then 10 Lakh

16. The parents are – Married Divorced Separated Widowed

17. Child Lives with Both Parents Father Mother Guardian

18.If the child is an adopted child, please tick Yes No

19. Person responsible for payment of fees _____

20. Name and address of the Local Guardian (if any) _____

Phone: _____ Mobile: _____ Email _____

21. Details of siblings (real brother/sister) in chronological order, including the applicant:

	Name	Age	M/F	School	Class	Blood group
A	_____	_____	_____	_____	_____	_____
B	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____

22. If a sibling (real brother/sister) is also applying for admission in “VAISHNAVI PUBLIC ACADEMY”, please give details.

Name _____ Class _____ Application No. _____

23. Would you require School Transport Yes No

24. What is the language spoken at home? _____

EDUCATION HISTORY

Please list other PREVIOS School attended, if any:

S .No.	School Name	City & Country	Year of Admission	Grade Completed	Language of Instruction
1.					
2.					
3.					

Please note the following

1. This form must be accompanied by:
 - a. One photocopy of the original Birth Certificate issued by concerned Government authority
 - b. One recent coloured Passport size photograph of the child .(to be paste in the space provided
 - c. Proof of Residence- Photocopy of Electoral card/Passport/Driving License / Telephone Bill
 - d. Photocopy of previous School Last Report Card (For admission in Class II and above only)
2. Incomplete form or a form without supporting document will not be processed.
3. Both parents must accompany the child when called for an interaction.
4. Any intervention in the normal admission protocol or citation of references will lead to disqualification of the application.
5. Registration fee (Non Refundable): Rs. 2500/- to be paid during collection of form.
6. Registration once completed for a particular year is not transferable to any other year or to any other child.
7. All bus routes/stoppage would be at the discretion of the School authorities.

DECLARATION

- I understand and agree that the registration of my son / daughter does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.
- I agree to comply with the regulations of the School including those relating to the charging of interest on unpaid bills and the assessment of fees for less than 90 days notice of a students withdrawal or for the late arrival of a student.
- I understand and agree that under no circumstances the fees paid to the school will be refunded if a student withdraws admission for any reason.

All the above information concerning my child is true to the best of my knowledge.

Signature

Full Name of

Signatory: _____

Relationship to the child: _____

Date: ____/____/20__

FOR OFFICE USE ONLY

Application Received On ____/____/20__

Date of Admission: ____/____/20__

For **THE VAISHNAVI PUBLIC ACADEMY ATHNER**
