

JAI VATIKA PUBLIC SCHOOL

(Affiliated to C.B.S.E. New Delhi, Vide No. 1630527) Thikriwala Chowk, BARNALA-148101 (Pb.) Ph. 92163-22628, 75081-81681

Form Serial No	R	EGISTRAT	ION FOR	M Sessio	n 20 🗌 🗀 - 📗 🦳			
Name of the child (in cap	oital letters)							
• Date of Birth (in figures)								
(in words)								
Religion	Religion • Category GEN SC ST OBC							
Gender Male Female Aadhar No. Nationality of the child								
Name of the school the child is attending at present								
Current class Class applied for								
Languages spoken at home								
Parent's Details		FATHER		MO	THER			
Name								
Date of Birth			_					
Nationality			_					
 Academic Qualifications 			_					
Occupation			_					
Designation			_					
Name of Organisation			_					
Office/Business Address			-					
 Residential Address 								
			-					
Phone No(s)								
Mobile No(s)								
• E-mail Address								
Aadhar No.								
Details of any brother or sister (not cousins) studying								
Name of the Child			ne of the Schoo	ol	Class			

• Areas in which you can contribu		ment of the school.					
(Please put a tick against your choice)							
Cultural Medical	Media/PR	Career Counselling I	Painting/Sculpture				
Academics Sports	Public Speaking	Music/Dance/Drama	Any Other				
Please elaborate your choices							
 INFORMATION Kindly note that due to limited not made here does not, in any way Short listed candidates will be in 	, entitle the candidate	·	• • • • • • • • • • • • • • • • • • • •				
INSTRUCTIONS Please submit the following alor □ Passport size photographs of □ A photocopy of the Birth Certi □ A photocopy of the latest prog □ A photocopy of Aadhar Card.	ng with the form the Child and the Pare ficate issued by the M gress Report Card.	•	Authorities.				
I hereby certify that to the best of my knowledge, the information given above is correct. I fully understand that the school on accepting the registration form of my ward is not in any way, obliged to grant admission. I also agree that the decision of the School regarding admission will be final and binding on me. Date							
Signature of Father Signature of Mother Signature of Guardian							
In the event of any injury or har	In the event of any injury or harm or loss of life during the course of the stay of my ward in the school, I shall						
not hold the school or authorities responsible for the same. Also I understand that one month notice needs to							
be given to the school in case I v	vish to withdraw my ch	ild. I have read all the rules &	k regulations and I agree to				
abide by them and cooperate v	vith you in the interes	st of my ward. I promise to	remit the fees & all other				
charges in due time.							
Please affix Father's photograph here	Please affix Child's photograph here	Please affix Mother's photograph here	Please affix Guardian's photograph here				
FOR OFFICE USE ONLY							
Admission Granted	Yes No						
If Yes, Mention Class	Admission No. Allott	ted					