** NARAYANI PUBLIC SCHOOL**

 **(Under the aegis of Draupadi Devi Savarmal Shah Charitable Educational Trust)**

**Etah Road, Shikohabad, U.P.-283135**

 Email- **narayanischoolskb@gmail.com** Website- **www.narayanischool.com** Ph. **9720422444,** **963911119**

**APPLICATION FOR ADMISSION/REGISTRATION FORM**

Date:

Application number:

Enrollment Number:

Please paste a photograph here

**Edscbdshvbdsh**

**APPLICANT’S DETAILS**

First Name: Surname:

Date of Birth (dd/mm/yyyy):

Place of Birth: Gender:

Citizenship: Nationality:

Blood group:

Religion: Caste:

Category: (General/SC/ST/OBC/EWS) (attach certificate):

Application for the academic year:

Application for Class:

Interest in any co/extracurricular activities (mention if any recognition has been received in past):

Permanent Address: …………………………………………………………………………….. ………………………………………………………………………………………………………

City…………………….. District………………………………………………...

State…………………………………………….Pin Code ………………………

Current Address: …………………………………………………………..…………………….. ……………………………………………………………………………………………....………

City…………………….. District………………………………………………...

State…………………………………………….Pin Code ………………………

Emergency Contact Number of parent/guardian:

Email Address of parent/guardian:

**PARENT’S DETAILS**

|  |
| --- |
| Photo of Father |

|  |
| --- |
| Photo of Mother |

Name of the Father: Name of the Mother:

Nationality: Nationality

Qualification: Qualification:

Occupation: Occupation:

Annual income: Annual income:

Contact number: Contact number:

**PREVIOUS SCHOOL DETAILS**

Name of the school:

Last class passed (as per the TC): Result with percentage:

Reason from withdrawal from previous school:

Medium of instruction of previous school:

**DETAILS OF SIBLING/S**

Name of the sibling:

Gender:

Date of birth (dd/mm/yyyy):

Class:

School/College name:

Please mention if the applicant child is especially abled or have any known allergies/chronic ailment that require special attention.

………………………………………………………………………………………………………

How did you get to know about Narayani Public School:

…………………………………………………………………………………………………........

Reason for joining Narayani Public School …………………………………………………………………………………………

**UNDERSTANDING:**

1. I have bought the school Prospectus along with this Application for Admission/Registration Form after paying the requisite fee from the Administrative Office of the Narayani Public School, Shikohabad.
2. I have thoroughly read and understood the school Prospectus, Admission rules and procedure, Fee structure and other school rules/regulations and procedures and I hereby give my full assent to abide by them.
3. I have filled the above application form in order to apply for my ward’s admission at Narayani Public School and all the information provided by me in the above form along with the necessary documents are correct.
4. I understand and agree that submitting the application/admission form does not guarantee my ward’s admission to the school. The School Authority after scrutinizing the form may admit/deny the admission to my ward/applicant and decision in this regard shall solely be taken by School Authority of Narayani Public School.

Name and Signature of Parents/Guardian………………………………………………………….

Date:

Relationship with applicant:

Contact number:

**FOR OFFICE USE ONLY**

**Check list of documents:**

* Duly filled Application/Admission form.
* Identity card of the applicant child (preferably Aadhar Card/birth certificate issued by municipal/village authorities) (attested by parents).
* Identity card of both the parents (preferably Aadhar Card) (self attested).
* Transfer Certificate from previous school of the applicant, except in case of admission being sought in class Nursery.
* Character Certificate from previous school of the applicant, except in case of admission being sought in class Nursery.
* Result of successful completion of previous class from previous school of the applicant, except in case of admission being sought in class Nursery.
* 3 passport size photograph of the applicant.

**Remarks:**

**Please admit to Class: Section:**

**Fee receipt number: Date:**

**By Order:**

**Director/Manager Principal**

**Date:**