

For Office use only
 Reg. No. :
 Date :



Form No.:
 Date :

Burhani Upper Primary School

(English Medium)

Address - Maharana Pratap Chouraha, Old Udaipur Road, Kapasan-312202, Dist-Chittorgarh
 Mob.: 8094954711, 9772232096

REGISTRATION FORM

Admission Sought to : Class															
Child's Name (in Block Letters)															
Date of Birth (in figures)	D	D	M	M	Y	Y	Y	Y							
Date of Birth (in words)															
	Year			Months			Days								
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female														
Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General														
Residential Address									Pin Code						
	<div style="text-align: right;">Mobile</div>														
Phone															
Mother's Name (in Block Letters)															
Father's Name / Guardian															

Name of the School the Child is attending at present											
Class											
CGPA/Percent obtained in the last examination											
Proficiency in games/co-curricular/outstanding achievements (enclose certificate, if any)											

If staff child, please mention the name of the staff member											
-------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--

Details of any brother or sister (not cousins)			
Name of the child	Age	Name of the School	Class

Areas in which you can contribute towards the enrichment of the school, (please put a tick against your choice)	
<input type="checkbox"/> Cultural	<input type="checkbox"/> Medical <input type="checkbox"/> Media <input type="checkbox"/> Academic
<input type="checkbox"/> Sports	<input type="checkbox"/> Other (Please Specify)
Please elaborate your choices	
If school transport is required	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION :

- Kindly note the registration fee taken is non-refundable. The application made here does not, in any way, entitle the candidate to be admitted to the school.
- Short-listed candidates will be informed by e-mail/phone/post.
- Limited transport facilities are available on specific routes. Admission therefore, will not automatically ensure a seat in the school bus. School transport will be made available for the complete session.
- Please keep a photocopy of duly filled registration form for future reference.

DOCUMENTS REQUIRED : (Please submit the following along with the form)

- Recent Passport size photograph of the child and the parents duly affixed.
- A Self Attested photocopy of the Birth Certificate issued by the Municipal Corporation/Civic Authorities.
- Aadhar Card copy of parents & child.
- Passport Copy of parents & child (if made).
- Report card of the previous academic year.

DECLARATION :

- I hereby certify that the date of birth & spelling of the name of my child given in this form are correct to the best of my knowledge and I shall not make any request for changes in either.
- As long as the child does not deposit his/her Birth Certificate and Transfer Certificate, his/her admission will be deemed Provisional.
- I understand that rendering false or misleading information or withholding correct information may disqualify the child from admission and/or to study in Delhi Public School Udaipur.
- I understand that once admitted, the child will not be entitled to refund of fee deposited except caution money.
- I have made satisfactory arrangement for remittance of school fee within due dates without waiting for a reminder from the school. I will pay the school fee through crossed Cheques/Demand Draft/ on line mode in favor of the Delhi Public School, Udaipur as per rules.
- I hereby certify that my ward and myself shall follow all the rules, regulations & procedures laid down by the school from time to time.
- 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 Principal regarding admission will be final and binding on me.
- I will pay the admission fee within 48 hours of declaration of admission test result.
- I will submit the following documents to the class teacher in the first week of school.
 - a. T.C.
 - b. Result card copy
 - c. Medical Card

Date :

.....
Signature of Mother

.....
Signature of Father

Please affix
Child's recent
Photograph
here

Please affix
Mother's
Photograph
here

Please affix
Father's
Photograph
here

FOR OFFICE USE ONLY

Interaction/Test on : Registration Number : Class : Section :

Recommendation of Principal/Selection Committee :

Principal's Signature :