



# Bishop Patrick Nair

## St. Mary's Christian School,

Sector : 4, Plot No. 14, Vasundhara, Ghaziabad, U.P. 201012 (India).



**[FILL IN CAPITAL LETTERS]**

REGISTRATION / ADMISSION FORM			FORM No.
Student	Mother	Father	<b>0401</b>
			Siblings in BPN Name    Class _____ _____ _____
			ADMISSION NO.

**INFORMATION OF CHILD**

First Name		Middle Name	Last Name	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Date of Birth in words		Age as on 31st March 20____
dd	mm	yyyy		Year ____ Month ____
Class for which Admission is sought		Nationality	Religion	Area to which belongs
				<input type="checkbox"/> Rural <input type="checkbox"/> Urban

**CATEGORY to which belongs:** [Incase of SC/ST/OBC, attach an attested copy of Certificate from the competent authority.]

Gen     SC     ST     OBC     Minority (Specify) \_\_\_\_\_

**Emergency Contact Telephone Numbers :**

Mother :	Father:	Guardian:

**FAMILY INFORMATION**

Father's Name : ..... Age..... Nationality .....

Educational Qualification (Schooling onwards)	Institution / University	Organisation Working For:
1)		Designation:
2)		Annual Income :
3)		Office Address & Tel.
Email :		

Mother's Name : ..... Age..... Nationality .....

Educational Qualification (Schooling Onwards)	Institution / University	Organisation Working For:
1)		Designation:
2)		Annual Income :
3)		Office Address & Tel.
Email : .....		

<b>Guardian Name:</b>		<b>Age:</b>	<b>Nationality</b>
Educational Qualification (Highest)	Institution / University		<b>Photo Guardian</b>
Organisation Working For :			
Designation :			
Office Address :			
Telephone No.:		E-mail :	

<b>Paternal Grandfather Name :</b> .....		<b>Cont.No.</b> .....
Educational Qualification (Highest)	Institution / University	Organisation working :
		Designation:
		Office Add.& Tele.

<b>Paternal Grandmother Name:</b> .....		<b>Cont.No.</b> .....
Educational Qualification (Highest)	Institution / University	Organisation working :
		Designation:
		Office Add.& Tele.

<b>Maternal Grandfather Name :</b> .....		<b>Cont.No.</b> .....
Educational Qualification (Highest)	Institution / University	Organisation working :
		Designation:
		Office Add.& Tele.

<b>Maternal Grandmother Name:</b> .....		<b>Cont.No.</b> .....
Educational Qualification (Highest)	Institution / University	Organisation working :
		Designation:
		Office Add.& Tele.

**If Parents are divorced, living seperately or widowed, with whom is the child living:**

<b>Brother / Sister (Sibling Record)</b>				
Name	Age	Institution where studying now	Class	Admn No. (if same school)
1)				
2)				
3)				

<b>Residential Address</b>	<b>Correspondence Address</b>

Contact No.	Contact No.

**Is there any medical information about your child / ward which the school should be aware of:**

**TRANSPORTATION** Note: Request for transport facility may not be considered later on if answer is "NO"

**Is school Transportation required ?**      Yes       No

**If Yes, pick up point:** .....

## ACADEMIC DETAILS

### ACADEMIC BACKGROUND

<b>Previous School :</b>	<b>Final Grades of Previous Year</b>	
<b>Board to which Affiliated</b>	English	
	Hindi	
	Maths	
	Science / EVS	
	Social Science	
Any outstanding achievement:		

### SUBJECTS SELECTED (Class XI to XII)

1.	2.	3.
4.	5.	6.

**What are your reasons for choosing Bishop Patrick Nair, St. Mary's Christian School for your ward:**

1	3
2	4

**How did you learn about "Bishop Patrick Nair, St. Mary's Christian School"**

<input type="checkbox"/> Through word of mouth: _____ [ from Whom _____ ]
<input type="checkbox"/> Through Newspaper Advertise _____ [ Name of Newspaper: _____ ]
<input type="checkbox"/> Through Pre-School: _____ [ Name _____ ]
<input type="checkbox"/> Any other: _____

### BISHOP PATRICK NAIR,

*St. Mary's Christian School, Vasundhara*

### REGISTRATION SLIP

Form No. **0401**

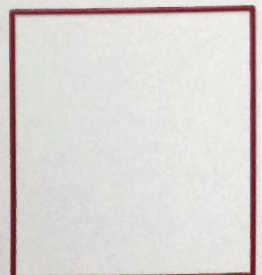
Received Registration Form in respect of \_\_\_\_\_

Son/daughter of \_\_\_\_\_ seeking admission for class \_\_\_\_\_

You are required to bring your ward for his/her interaction with Principal/Teacher on \_\_\_\_\_

**Note :**

1. *Incomplete forms will not be accepted.*
2. **FEE ONCE PAID IS NOT REFUNDABLE OR TRANSFERABLE FOR ANY REASON WHATSOEVER**
  - (a) *Kindly produce this slip at the time of interaction.*
  - (b) *It is essential that both parents must accompany the child for final interaction, if short - listed*



**LIST OF DOCUMENTS TO BE ENCLOSED WITH THE REGISTRATION FORM :**

1. (a) Photocopy of Birth Certificate (attested) (b) Aadhar card copies of child and both parents/guardian
2. Copy of Last Report Card of the Previous Class / Half yearly result if mid session admission
3. Residence Proof                                  4. Vaccination Card                                  5. Blood Group
6. Original Transfer Certificate (TC) of the previous school duly counter signed by the respective school
7. Photocopies of caste/ category and Minority Certificate as applicable.
8. PEN (Permanent Education Number) from previous school : .....

**SIGNATURES :** **Date :**

I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, cancellation of admission, or expulsion. I have read and hereby consent to the Terms and Conditions being enclosed with the Registration Form.

<b>Name and Signature</b> Father	<b>Name and Signature :</b> Mother	<b>Name and Signature :</b> Guardian
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**FOR OFFICE USE:**

Test Date : ..... Time : ..... of ..... for Class : ..... of .....

Session : .....

Reference : .....

Remarks : .....

Date: ..... Signature of Receiver

**FEE PAYMENT DETAIL (Cash /Chq/Others)**

Amount..... Chq No..... Date.....

Receipt No..... Bank.....

Receiver 's Signature

