



# PUSHPA BHARTI PUBLIC SCHOOL

(Recognised by Delhi Govt. vide Registration No.1925272)

B-19, Om Nagar, Molarband, Badarpur, New Delhi-110044, Mob. No. 9999691731

www.pbps.niid.in

CLASS FOR WHICH  
ADMISSION IS SOUGHT \_\_\_\_\_

FOR OFFICE USE ONLY

Registration No \_\_\_\_\_

**CHILD**

**FATHER**

**MOTHER**

PASSPORT  
SIZE  
PHOTO

PASSPORT  
SIZE  
PHOTO

PASSPORT  
SIZE  
PHOTO

**Please ensure that you provide all the required information in CAPITAL LETTERS.**

**Tick the appropriate boxes or write NA if not applicable**

1. This is not an Admission Form .Submission of this form does not guarantee admission to the school.
2. Form to be filled in block letters.

## 1. CHILD'S PARTICULARS

NAME			
	First name	Middle name	Surname
DATE OF BIRTH	DAY <input type="text"/> <input type="text"/>	MON <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (IN WORDS)			
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/>	FEMALE
NATIONALITY			
CHILD WITH SPECIAL NEEDS/PHYSICALLY CHALLENGED (SPECIFY,IF APPLICABLE)			
CATEGORY	GEN <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/> OBC <input type="checkbox"/> OTHER <input type="checkbox"/>
RELIGION			
RESIDENTIAL ADDRESS			
WHETHER SCHOOL TRANSPORT REQUIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
APPROXIMATE DISTANCE FROM RESIDENCE TO SCHOOL(KM)			
PRESENT SCHOOL			
AFFILIATED BOARDS & MEDIUM OF INSTRUCTION			
PROFICIENCY IN SPORTS/MUSIC/ART/OTHER			

**%/MARKS/GRADE OBTAINED IN THE LAST EXAMINATION**

S. No	SUBJECT	%MARKS/GRADE	S.NO.	SUBJECT	%MARKS/GRADE
1)	_____	_____	4)	_____	_____
2)	_____	_____	5)	_____	_____
3)	_____	_____	6)	_____	_____

Aggregate Grade %Mark: \_\_\_\_\_

**SIBLING DETAILS**

NAME	DOB	CLASS & SEC.	SCHOOL

**FATHER'S PARTICULARS**

NAME	
HIGHEST ACADEMIC QUALIFICATION & NAME OF COLLEGE/INSTITUTE/BOARD	
TECHNICAL /PROFESSIONAL/QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/INSTITUTE	
OCCUPATION	
DESIGNATION	
OFFICE NAME & ADDRESS	
CONTACT NO.	MOBILE NO. E-MAIL
ANNUAL INCOME	

**MOTHER'S PARTICULARS**

NAME	
HIGHEST ACADEMIC QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/BOARD	
TECHNICAL /PROFESSIONAL/QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/INSTITUTE	
OCCUPATION	
DESIGNATION	
OFFICE NAME & ADDRESS	
CONTACT NO.	MOBILE NO. E-MAIL
ANNUAL INCOME	

## GUARDIAN DETAILS

GUARDIAN NAME & RELATIONSHIP		
QUALIFICATION		
NAME & ADDRESS OF ORGANISATION		
DESIGNATION		
OFFICE TEL. NO.		
CONTACT NO.	MOBILE NO.	E-MAIL
<b>WHETHER YOU BELONG TO EWS CATEGORY</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>attached relevant proof, if any</b>		
<b>Areas in which you could contribute to enrich school life in terms of time, skill etc[please tick (✓) ]</b>		
<b>CULTURAL</b> <input type="checkbox"/>	<b>MEDICAL</b> <input type="checkbox"/>	<b>MEDIA</b> <input type="checkbox"/>
<b>PROFESSIONAL</b> <input type="checkbox"/>	<b>SPORTS</b> <input type="checkbox"/>	<b>ACADEMIC</b> <input type="checkbox"/>
<b>DOCUMENTS TO BE ATTACHED WITH THE REGISTRATION FORM</b>		
<ol style="list-style-type: none"> <li>1. Self-attested photocopy of birth certificate of child issued by the municipal corporation.</li> <li>2. Two Photo and Photocopy of proof of residence Aadhaar/electricity bill/ration card/passport/etc.)</li> </ol>		

**Incomplete form will be rejected without assigning any reason.**

- I/We fully understand that the school on accepting the registration of my/our ward is not any way bound to grant admission. Admission is purely based on the availability of seats and on qualifying the pre-admission test/interaction. I/We also understand that the decision of the principal regarding admission will be final and binding on me/us.
- In the event of my /our ward being selected for admission. I/We shall have no objection regarding the school medical officer inoculating my child as & when necessary. I/We further undertake to abide by the school rules.
- I/We hereby certify that the information given is correct and I/We shall abide by the decision of the school.

DATE.....

Signature of the Parent/Guardian

Form checked by.....

Form verified by .....