Phaphund Road, Bhagya Nagar, Dibiyapur, Auraiya (UP) 206247 Ph.: 9690070444, 9690080444 | Email: admission.dibiyapur@jaipuria.school Visit: www.jaipuriaschoolsdibiyapur.com

REGISTRATION CUM ADMISSION FORM

| Application Form | No.: | | Scholar No.: |
|--------------------|---|---|--|
| Date of Submission | on: | |) |
| Reg. No.: | | | |
| | | the details in CAPITAL LETTERS using blac | k or blue pen only |
| | child (2) Photograph of Parent | OCUMENT CHECK LIST s (3) Birth certificate of the child (4) F ansfer Certificate and Marksheet fron | Photocopy of vaccination card (For Pre-Primary) n previous school (Class 2 & above) |
| | Please affix latest Passport size photograph in colour STUDENT | Please affix latest Passport size photograph in colour MOTHER | Please affix latest Passport size photograph in colour FATHER |
| SENERAL INFOR | | | |
| | | | Session |
| PERSONAL DETA | ILS OF STUDENT | | |
| irst Name | Middle N | ame | Surname |
| Date of Birth | Age as on Mar | rch 31st, 20 <u> </u> | Months Days |
| Nationality | Religion | | Sex |
| o you belong to Ge | n./SC/ST/OBC/EWS/Disab | oled/Single Girl Child (Attach ce | rtificate if applicable). |
| SEN SC | ST OBC EV | VS Disabled Single | e Girl Child |
| Permanent Address | | | |
| | | City | Pincode |
| lome Tel. No | Mobile | E-mail | |
| | | | |
| | | | Pincode |
| Nother Tongue | | Home Town | |
| adhar Card No | | Blood Group of th | e child |
| HEALTH INFORM | | • | |
| | - | | |
| | | | |

DETAILS OF PARENTS / GUARDIANS

| | | Mother | Father |
|---------------------------------------|---|--|--|
| 1. | Full Name (in | | |
| | Capital Letters) | Mother | Father |
| 2. | Age | Mother | |
| 3. | Nationality | | Father |
| | Educational | Mother | Father |
| 4. | Qualifications | | |
| | Qualifications | | |
| 5. | Occupation | Mother | Father |
| 6. | Designation | Mother | Father |
| 7. | Annual Income | Mother | Father |
| 8. | Office Address | Mother | Father |
| 9. | Tel. No. (O) | Mother | Father |
| | | (Mob.) | (Mob.) |
| 10. | Mobile & Email ID | (Email) | (Email) |
| 11. | Local Guardian (If applicable) | Relation with child Address | Contact Details |
| If, the Result If seek Subje | of previous examination | filiated with CBSE, specify name of the B | No oard 4 5 6 |
| | | | Mention the branch if studying in |
| | Name Ag | ge School | Class Seth Anandram Jaipuria School |
| | | | |
| | | | |
| | | | |
| TRAN | NSPORT _ | | |
| Trans | port Facility required: Yes | No Staff | Child: Yes No |
| Appro | oximate distance from scho | ol Plea | ase note: Transport Facility is subject to availability |
| I hereby me is fo | declare that the above information und to be incorrect, I will be respons | furnished by me is correct to the best of my knowledg sible for the same. I shall abide by the rules of the Sch | ge & belief, if any information or document supplied by ool. |
| Date | | | |
| Place | | Thumb Impression / Signature of Mother | Thumb Impression / Signature of Father |

FOR OFFICE USE ONLY

| Name: Admitted to: Class Fee receipt Number: Has the name been entered in Class Attendance Register? Student Registration Number in Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL TOTAL (in Words) Mode of payment & de | FOR FEE CO | - | Principal MM/DD/YYYY No Registration Volume |
|---|--------------------|--|--|
| Name: Admitted to: Class Fee receipt Number: Has the name been entered in Class Attendance Register? Student Registration Number in Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL TOTAL (in Words) | Admission | Section Dated Yes Registration Number | MM/DD/YYYY No |
| Admitted to: Fee receipt Number: Has the name been entered in Class Attendance Register? Student Registration Number in A Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | Admission | Section Dated Yes Registration Number | No |
| Admitted to: Fee receipt Number: Has the name been entered in Class Attendance Register? Student Registration Number in A Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | Pated Yes Registration Number | No |
| Fee receipt Number: Has the name been entered in Class Attendance Register? Student Registration Number in A Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | Pated Yes Registration Number | No |
| Has the name been entered in Class Attendance Register? Student Registration Number in Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | Yes Registration Number | No |
| Class Attendance Register? Student Registration Number in A Withdrawal Register is: Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | Registration Number | |
| Registration Fees Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | | Registration Volume |
| Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | Details | s of Fee received | |
| Admission Fees Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | | |
| Composite Annual Fee Examination Fees Security Deposit TOTAL TOTAL (in Words) | | | |
| Examination Fees Security Deposit TOTAL TOTAL (in Words) | | | |
| Security Deposit TOTAL TOTAL (in Words) | S | | |
| TOTAL TOTAL (in Words) | | | |
| TOTAL (in Words) | | | |
| , , | | | |
| Mode of payment & de | | | |
| | etails | | |
| | | | |
| ate | | Office | e Supervisor / Accounts Office |
| Admission considered by t | he School is in ac | ccordance with provisions of t | he Board and approved |