Form No.:

## **REGISTRATION CUM ADMISSION FORM - SESSION 2025-26**



Affiliated to CBSE, New Delhi (Upto Senior Secondary Level) Affiliation No. - 2130649



Child's passport size coloured photo

Parent's Photo with Child (Coloured Group Photo)

Guardian's passport size coloured photo

### PERSONAL DATA OF THE STUDENT (IN BLOCK LETTERS)

Grade Applied for			
1. Full Name			
	First	Middle	<b>↑</b> Last
2. Gender : Male	Female Others	3. Nationality :	4. Religion
5. Category : General	OBC SC ST	Others 6. Any identif	ication Mark
7. Minority Group:	Muslim Christian	Sikh Jain Others	
8. Aadhaar Card No. :			
9. Present Address :			
10. Permanent Address :			
11. Date of Birth (in figure	es) : Date Month	Year	12. Blood Group:
13. Date of Birth (in word	ls)		
14. Age as on 1 <sup>st</sup> April, 20	25: Years Months	Days 15. Mother Tongue o	f the child
16. Details of the School	last attended :		
Name & Addre	ess of the School	Academic Yr. Grade	Percentage/Grade
17. PEN No.			
18. Details of T. C. (a). T.	C. Number	(b). Date of Issue	
19. Last School is affiliated	l to: CBSE / ICSE / CAIE / IB / STA	TE BOARD / NIOS	

Name Age Go School Transport Required Yes No	ender G	irade	Name of School/College/Organizati
	ender G	irade	Name of School/College/Organizati
School Transport Required Yes No			
School Transport Required Yes No			
School Transport Required Yes No			
(if yes,please fill up the bus form also)	_		cify the location
DETAILS OF PA etails of Father :	RENTS/GUAI	RDIAN	
ame :		E-mail	1:
ualification :		Annual Inc	come :
usiness/Profession/Service :		Designatio	
etails of Business / Profession/Service :		2016114110	
ffice Address :			
			000
obile No. WhatsApp No.			Office No.
etails of Mother :			
ame :		E-mail	1:
ualification :		Annual In	come :
usiness/Profession/Service :		Designatio	on :
etails of Business / Profession/Service :			
ffice Address :			
obile No. WhatsApp No.			Office No.
Whats/,pp 110.			o mice ivo.
uardian/Person to be contacted in case of an emerge	ency (other th	an Father/	Mother):
ame :	Relation	nship with	the Child :
esidential Address :			
obile No. WhatsApp No.			Office No.
			]
nail			J
reas where parents' expertise could enrich the School.	Please tick (	) your int	terest (s):
flusic / Dance Theatre Environ	nment	Academi	cs Any Other
ublic Speaking Health / Sports Media	/ PR	Painting ,	/ Sculpture

### **DECLARATION BY THE PARENT:**

- We understand that :
  - Registration does not guarantee the admission.
  - Facility of School Bus is subject to availability and the sole discretion of the School. We shall have no objection in case the facility is withdrawn or bus route is modified.
  - The decision of the School Authorities shall be final and binding in all matters.
- We shall pay School Fee on time as decided by the School Management.
  - We shall not object if the Fee is hiked by the School Authority in the next and following academic sessions.
- We also grant the right to the School to seek medical assistance, even hospitalisation for our child, in the event of any emergency when it is not possible to contact us. In such an event we will be responsible for all the expenses incurred (viz. transport, medical fees and administrative costs etc).
- We grant permission for our ward's participation in:

Sports Activities: This includes regular practice and participation.

- Co-curricular Activities: Participation in the Annual Day Programme, Inter-House Competitions, Special Days and Festival Assemblies irrespective of religion, race and belief.
- We understand that participation in the above activities will add values to the personality of our ward. We have no objection if our son / daughter will be called before / after the school hours, sometimes even on holidays in case of outdoor events.
- We shall not hold the School responsible for any injury to our child arising from an accident/untoward incident in the School.
   Permission is also granted for our child to be included in any graphic material published by the School.

#### **Documents attached**

DADT	_ ^

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a. Copy of Birth Certificate issued by Municipal Committee/Corp.	Yes	No	NA	
b. Latest Progress Report (Last Class Attended)	Yes	No	NA	Ī
c. Transfer Certificate (in Original)	Yes	No	NA	J
d. Aadhaar Card (Xerox Copy)	Yes	No		
PART - B				
e. Blood Group Report	Yes	No		
f. Special Illness / Disability Certificate (If required)	Yes	No		

#### PART - C

Kindly ensure that the health card and Transport/ Escort form are given with the Admission form duly filled and attested.

- We certify that our ward is absolutely fit to attend the School. After admission if it is found and diagnosed that he/she has some severe disability or illness and due to which he/she cannot cope with the studies, we shall have no objection if his/her admission is cancelled.
- We shall abide by the School rules and regulations and cooperate with the School Management wherever necessary for the larger interest of the School. We shall accept all the decisions of the School in case our ward is found violating disciplinary norms of the School.
- We shall not allow our ward to commute to the School by two wheeler.
- We shall submit all the necessary documents in support of our ward's admission at the time of admission failing which we understand that the admission stands cancelled.

We hereby certify that the information given in this application is true and complete to the best of our knowledge and belief. We accept that providing false information could jeopardize acceptance/enrollment/continuance of our ward in this School.

Date :	Signatur	e of Father :	itner: Signature of Mother:				er : Signature of Guardian :	
For Office Use Only								
Form Checked	by		Result	of Admissior	Test (if any)			
Date of Interac	ction			Admissio	n Granted	Yes	No	
Grade Se	ection	House		Date of A	dmission			
Remarks	Remarks Principal							
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		•••••				
Admission No.		Fee Receipt	No.		Quarter & Se	ession paid		
Date		Amount paid			Accountant			_
<b>~</b>		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	<b>~</b>	• • • • • • • • • • • • • • • • • • •		<b>S</b>	
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ACKNOWLEDGMENT OF REGISTRATION FORM							
Form No. :			Date :	_			
Received the Registration Form of		for Grade	for the session				
from Mr. / Ms.							

Signature of Admission Incharge

## **FEE STRUCTURE 2025-26 (FOR NEW ADMISSIONS)**

S.No	o. Particulars	Nur. to U.K.G.	Grade I to VIII	Grade IX & X	Grade XI & XII
1.	Composite Fee (Quarterly)	₹ 35,500/-	₹ 37,200/-	₹ 37,800/-	₹ 36,600/-
2.	Transport Maintenance Expenses (Optional) (Half ye	arly) ₹ 19,800/-	₹ 19,800/-	₹ 19,800/-	₹ 19,800/-

#### Please Note:

- The Composite Fee has to be paid on a quarterly basis by the 10th day of April, July, October and January respectively.
- Transport Maintenance Expenses have to be paid on a half yearly basis by the 10th day of April and October respectively.
- Transport Maintenance Expenses may be hiked during the ongoing session, if need arises. Service Tax/GST, if applicable, will be charged extra.
- We avoid the payment of fees in the School and will appreciate if it is deposited in the bank itself.
- Payment of school fee is to be made through banking channels only. The School offers NEFT/PAYTM, GPay, PhonePay, Cheque, Payment Gateway facility for fee payment. The process would be shared at the time of enrollment. School strictly discourages payment of fees in cash.
- The School shall subsidize the following -

<b>Professional Coaching</b>	<b>Outstation Trips</b>	Summer Camp	<b>Educational Movies</b>
<b>Professional Workshops</b>	Adventure Camps	<b>Outstation Competitions</b>	<b>Educational Trips</b>

The School provides below mentioned facilities and does not charge any additional money towards them:\*

1. Sports	13. Library	25. Clubs	37. RO Water
2. First Aid	14. Safety & Security	26. Counseling	38. Olympiads
3. Activities	15. Daily Newspapers	27. Birthday Gift	39. Class Photographs
4. One I-Card	16. Quarterly Newsletter - Manjari	28. Aptitude Testing	40. Transfer Certificate
5. Scholarships	17. Certificates & Badges	29. Computer Education	41. Different Labs
6. Exams & Tests	18. Local Educational Visits	30. Preparatory Classes	42. EcoXRClub
7. School Almanac	19. Health Care & Hygiene	31. Enrichment Classes	
8. School Functions	20. Biometric (Grade IX - XII)	32. Communication (App & V	/hatsApp)
	0.4 116: 6 011/011		1 10

9. Medical Check Ups
10. CBSE Registration
21. Lift for CWSN
22. Photographs & Video of All Events (Digital) 34. Swimming Pool & Horse Riding

11. School Assignments 23. Local Inter School Competitions 35. Training in Sports beyond School hours

12. Annual Magazine - Akshara 24. Participation in CBSE Sports Competitions 36. Field Trips

- \* However, the School reserves the right to charge for these activities events / items, if any need arises in the future.
- \*\* Also, the School reserves the right to amend or withdraw any of the items mentioned above with/without any prior information or notice.

Sign. of Father Sign. of Mother Sign. of Guardian





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# **TRANSPORT FORM 2025-26**

Name of the Student			
Adm. No.	Grade	Sec.	
Father's Name		Mobile No.	
Mother's Name		Mobile No.	
Guardian's Name		Mobile No.	
Residential Address			
Bus Name	Pick Up Point	Drop Point	
	DECLARATION C	OF CONSENT	
We understand			
	for the bus facility, it will not be v	withdrawn or changed during t	the Academic Session.
(2) if we do not o	ppt for it now, it will not be obligate	tory on part of School to make	it available for our ward
during the mi	ddle of the Academic Session.		
	ol is taking all possible measures		
	ard happening takes place on the		o the last stoppage,
we shall not I	hold the School responsible for it.		
Date :			
Sign. of Father	Sign. of Mother	Sign. of Gua	rdian
` ' '	n the School if any change takes as to report 5 minutes prior at the admission.	•	nsport Department,
For office use :			
Pick up by	(Name of bus)	Drop by	(Name of bus)
Fee Paid upto (Month)	Accountant	Fee Reciept No	•
 Principal	Authorised Sig	natory	Transport I/c

(Administration)



# **ESCORT FORM 2025-26**

Name of the Student				
Adm. No.	Grade	Sec.		
Person authorised	d to pick up the	child -		
passp	ed Person's port size hoto (1)	Au	uthorised Person's passport size photo (2)	
lame of the Authorised Person (1)	:	Relationship	with the Child	
Phone No		Identification M	ark :	•••••
ame of the Authorised Person (2)	):	Relationship	with the Child	
hone No		Identification N	Лark :	
The above mentioned indiv		RSEMENT ed to pick up the c	child.	
Father's Name :	Mother's Name	:	Guardian's Name :	
Signature	Signature		Signature	
Prir	ncipal	Authorised S (Administ)		