



GURUKUL SCHOOL

(An initiative of DR. IRAM Memorial Trust)

Add: Jasori Nahar, Negura, Chandauli, U.P. – 232104, ☎ :05412-262311
☎ : +91-8795350009, email: gurukul0009@gamil.com, website: www.ourgurukul.com

S. No.

Admission No.

REGISTRATION-cum- ADMISSION FORM

ACADEMIC - SESSION

20 - 20

Student's recent
PHOTOGRAPH

A. DETAILS OF THE STUDENT (IN BLOCK LETTERS) Registration sought for Class

First Name

Middle Name

Last Name

Date of Birth

Date of Birth in words

Mother Tongue

Category

Gen	SC	ST	OBC
-----	----	----	-----

Caste

Gender

M	<input type="text"/>	F	<input type="text"/>
---	----------------------	---	----------------------

Residential Address

.....
.....
.....

Aadhar No:

Mobile:

Correspondence Address

.....
.....
.....

Phone:

Mobile:

Alternate Contact Person

Alternate Contact No

B. ACADEMIC BACKGROUND

Last school attended:
No. of years attended:
Other outstanding achievements:
.....
.....

C. HEALTH INFORMATION

Allergy/chronic ailment, if any: <input type="checkbox"/>	Height <input type="text"/> in cms.
Physical handicap/disability, if any: <input type="checkbox"/>	Weight <input type="text"/> in kgs.
Any other health problem:	
Is the child taking any medicine regularly? If yes, please specify:	Yes/No <input type="checkbox"/>

D. FAMILY DETAILS (IN BLOCK LETTERS)

Father's Name	<input type="text"/>			Father's recent PHOTOGRAPH
Age <input type="text"/>	Educational Qualification <input type="text"/>	Nationality <input type="text"/>		
Occupation <input type="text"/>	Designation <input type="text"/>	Annual Income <input type="text"/>		
Official Address <input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Aadhar <input type="text"/>	Mobile <input type="text"/>	Sign _____		

Mother's Name	<input type="text"/>			Mother's recent PHOTOGRAPH
Age <input type="text"/>	Educational Qualification <input type="text"/>	Nationality <input type="text"/>		
Occupation <input type="text"/>	Designation <input type="text"/>	Annual Income <input type="text"/>		
Official Address <input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Aadhar <input type="text"/>	Mobile <input type="text"/>	Sign _____		

Brother/Sister

Name	Age	Class	Institution in which studying

E. TRANSPORT

Whether the child will avail school bus facility:

Yes	No
-----	----

F. SCHOOL FEE

The parent will pay fee quarterly ☐ /monthly ☐ /annually ☐

G. DOCUMENTATION

The following documents must accompany the application-

- (i) Self Attested Aadhar Card Child.
- (ii) Self Attested Birth Certificate of the child.
- (iii) Transfer Certificate (applicable above Class I).
- (iv) Report Card of previous class (applicable above Class I).
- (v) Medical Fitness Certificate of the child.
- (vi) Self attested Aadhar Card of the Parent.
- (vii) Passport size photograph of the child & parent. (3 each)
- (viii) Local Address Proof of Parent.

DECLARATION

- (i) I understand that the Admission Fee is non-refundable and Registration does not guarantee admission.
- (ii) I understand that I have to pay total admission fee, April month fee & Composite Annual fee (monthly) before the session begins.
- (iii) I understand that the date of birth and spellings of the name of my child given in this form is correct to the best of my knowledge and no changes shall be permissible afterwards.
- (iv) I understand that false or misleading information or withholding correct information shall disqualify the child for admission.
- (v) I am the bonafide guardian of the child.
- (vi) I understand that I am duty bound to inform the school of any changes in the information that i have provided.
- (vii) I understand that if I decide to cancel this enrolment before commencement of class, at least one month's notice has to be given in writing.
- (viii) The school reserves the right to amend any clause without my prior notice.
- (ix) I understand that incomplete application forms will not be considered.
- (x) I hereby confirm that the details in this form are true and correct to the best of my knowledge.
- (xi) I agree that I will deposit my ward's fees' dues by 20th April, 20th July, 20th October and 20th January of every year. My child will be permitted to sit in the class till 30th of above mentioned months by paying late fee charges, failing which he/she may not be permitted to attend the class.
- (xii) I agree that should I default in payment of the school fee/dues for 45 days for any reason, the child's name would be struck off the records. The child may be re-admitted only after seeking approval from the Principal and after making full payment of school dues and fines as per school norms. Such an admission would be treated as New Admission.
- (xiii) I understand that in case the school agrees to provide transport facility to my ward on my request, it would be at my own risk and responsibility.

Signature of Father/Guardian

Date: _____

Place: _____

Signature of Mother/Guardian

Date: _____

Place: _____

FOR OFFICIAL USE ONLY

ACCOUNT HEAD

Fee paid at the time of admission:-

Admission Fee _____ Annual Composite Fee- Monthly/Quarterly/Annually _____

April/Quarterly Fee _____ Transport Fee _____

In cheque ☐ Cheque No. _____ Cheque Date _____

Cash ☐

Debit/Credit Card ☐

NEFT/RTGS/UPI ☐

ADMISSION

Referred by Staff (Name) _____

Walk-in ☐

Interaction/Entrance Exam date: _____

Marks obtained in Entrance Exam- English _____ Hindi _____ Maths _____ Science _____

Remarks of the Co-ordinator/VP _____

Remarks of the Admin Head _____

Remarks of the Principal _____

Date- _____

Undertaking:

If my ward's performance is poor then we will not request the school to promote the ward to the next class.

Signature of Parent

Date: _____

Admitted/Not Admitted

Signature of Principal

Date- _____
