



**UTOPIA COL. SATSANGI'S KIRAN MEMORIAL
PUBLIC SCHOOL**

BHIWADI (Raj.) Ph. : 01493-298081, 82

(affiliated to CBSE New Delhi)

Set up on lines of CSKM Public School, Satbari, New Delhi

e-mail : ucskmschoolbhd@gmail.com Web. : www.ucskmschool.com

STUDENT'S
PHOTO

ADMISSION No. **HOUSE** **Date**

STUDENT'S PERSONAL INFORMATION

First		Middle		Last	
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	DD <input type="text"/>	MM <input type="text"/>	YYY <input type="text"/>	In Words.....	
Aadhar No.	<input type="text"/>				
Place of Birth	City.....State.....Country.....				
Father's Name Mobile.....				
Mother's Name Mobile.....				
Class	<input type="text"/>	Section:	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Permanent Address				
Transport	Need School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bus Stop:Route No. <input type="text"/>				
Mother Tongue	<input type="checkbox"/> Hindi <input type="checkbox"/> English <input type="checkbox"/> Other.....				
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other..... Religion.....				
In case if child is adopted	<input type="checkbox"/> Yes (Since Year.....) Documents Submitted.....Yes/No.....				
Details	Mother		Father/Guardian		
Educational Qualification	<input type="text"/>		<input type="text"/>		
Current Address	<input type="text"/>		<input type="text"/>		
Aadhar No.	<input type="text"/>		<input type="text"/>		
E-mail	<input type="text"/>		<input type="text"/>		
Occupation	<input type="text"/>		<input type="text"/>		
Designation	<input type="text"/>		<input type="text"/>		
Office Address	<input type="text"/>		<input type="text"/>		
Annual Income	<input type="text"/>		<input type="text"/>		
Details of Siblings					
No. of Brothers No. of Sisters..... Sibling (s) in UCSKM.....					

Whether the candidate is:-

Single Girl Child :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specially abled (Divyangjan):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Belonging to the EWS/RTE	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(Attach proof wherever applicable)

Category : (Attach proof) General SC ST OBC

Class Last Attended

Name & Address of the last attended school:

UDISE No. of Last School..... PEN No. Of Student.....

Last School Affiliated ToCBSE ISCE IB State Board Any other please specify **Result of last class:**

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

Transfer Certificate Details* :-

Transfer Certificate No :.....Date of Issue :.....

Declaration

I Hereby declare that the above information including Name of the Candidate, Father's/ Guardian's Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by all the rules of the School including timely payment of fee and other matters.

Date.....

Signature of the Parent/Guardian

Place.....

Relationship with student.....

All the entries from the Admission Forms to Admission and Withdrawal Register have been made on page no.....on dated.....

Signature of Admission I/C

*In Case, Student is from other board, Transfer Certificate should be countersigned by the Competent Authority.

Physical Information :

Height (In cm).....Weight (In Kg.).....	Left Eye Sight.....Right Eye Sight.....
Blood Group	<input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> AB+ <input type="checkbox"/> AB-
Any Physical Disability / Challenge	
Allergies (if any)	
Drugs prohibited for above Allergies	
Name of Family Doctor with Mobile No.	

Physical Endurance / Stamina :

VERY STRONG	STRONG	AVERAGE	TENDER	WEAK
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FOR OFFICE USE

Payment of Registration fee vide MR No. and datesignature of accountant

TICK THE DOCUMENT SUBMITTED

SIGNATURE OF PARENT / GUARDIAN

<input type="checkbox"/> BIRTH CERTIFICATE	01Week/15Days/01Month
<input type="checkbox"/> TRANSFER CERTIFICATE	01Week/15Days/01Month
<input type="checkbox"/> REPORT CARD	01Week/15Days/01Month
<input type="checkbox"/> ID PROOF OF PARENTS	01Week/15Days/01Month
<input type="checkbox"/> 2 PHOTOS OF STUDENT	01Week/15Days/01Month
<input type="checkbox"/> 1 PHOTO OF PARENTS / GUARDIAN	01Week/15Days/01Month

In case if any (all) of above documents not submitted, tick the same and write the time period by when the same will be submitted, If all the required documents will not be submitted within the time period marked above, the admission will be cancelled without notice and fee paid shall be forfeited.

The details of my ward may be considered as final. I shall never request for the change of these details.

Parent's / Guardian's Sign.

Office Superintendent Sign.



Status of Admission

Provisional Admission Granted to class

Remarks

Remarks

I willfully agree to abide by the following rules & regulations regarding payment of fee etc.

- a) The total fee amount is chargeable on FULL SESSION BASIS irrespective of the date of admission. However as a concession to Transfer cases of MID-SESSION admissions, only 2 months fee may be charged as arrear as on the date of admission.
- b) Late Grace Fee of Rs. 20/- per day for any type of dues will be charged after 11th of that month
- c) Existing rate of fees is linked with CONSUMER PRICE INDEX and D.A. announced from time to time by the GOVT OF INDIA. The announcement by the Govt. will be considered as NOTICE to parents and fee will be required to be paid as calculated, ipso facto and automatically according to the Govt. announcement.
- d) In case of withdrawal, two months notice is desirable, else two months fee will be charged before issuing the transfer certificate. This is to avoid hasty and uncertain decisions I will ensure that my ward remains disciplined
- e) I will ensure that my ward remains disciplined

I have fully understood and agreed/consented to abide by all the norms of school including paying full fee without any arguments and notice. I have consented to abide by all rules and regulations applied by school from time to time.

SIGNATURE OF PARENT/ GUARDIAN.....

NAME OF SIGNATORY RELATIONSHIP WITH THE CHILD

Accountant

Admission I/C

Principal

Date :