

INDUS VALLEY PUBLIC SCHOOL

Plot No. 1, Institutional Area, Sector 62, Noida, U.P. 201301, INDIA

Ph.: +91-9718642444, 8510048800

Fax: +91-120-2400060

Web: www.indusvalleynoida.in

Email: info@indusvalleynoida.in

ADMISSION FORM

Sr. No:

Admission No:

Session: 20 -

Latest
Stamp Size
Photograph
of the
CHILD
1

Latest
Stamp Size
Photograph
of the
FATHER
1

Latest
Stamp Size
Photograph
of the
MOTHER
1

Photograph of the student with
Mother/Father jointly

Class in which admission is sought for:.....

1. (a) Name of the Child in full (in capital letters):.....

(b) Sex: Male Female (c) Blood Group of the child:

2. Date of Birth: Day Month Year

In words:

Age of the child as on 31st March 20 : Year Month Day

3. Do you belong to Gen./SC/ST/OBC/EWS/Disabled/SG Child? If Yes, (Attach certificate.)

Gen. Cat. SC ST OBC EWS Disabled SG Child

4. Email: Aadhaar No. of the child

5.

| Details of Parent: | Mother | Father |
|--|--------|--------|
| (i) (a) Name (in capital letters) (b) Aadhaar Card No. | | |
| (ii) Nationality & Occupation | | |
| (iii) Educational Qualification | | |
| (iv) Name of office, Designation & Full address with Telephone No. | | |
| (v) Full residential address with Mobile No. | | |
| (vi) Permanent Address | | |
| (vii) Annual Income in (₹) | | |

6. Name & Address of the School last attended with Class:.....
7. Whether last school was CBSE affiliated:.....
8. If, the last school was not affiliated with CBSE, specify name of the Board:.....
9. (a) Result of last examination:..... (b) Percentage:.....
10. Subjects proposed to offer: 1. 2..... 3.
4. 5. 6.
11. Whether school has the approval of the Board to offer these subjects. Yes / No.
12. Whether the transfer certificate is attached YES/NO: Date of T.C.
13. Mother tongue Home town.....
14. Please mention if child has any learning disability:
.....
.....

15.

| Details of Guardian: | | <p>Latest Stamp Size Photograph of the GUARDIAN 1</p> |
|---|--|---|
| (i) (a) Name (in capital letters) (b) Aadhaar Card No. | | |
| (ii) Nationality & Occupation | | |
| (iii) Name of office, Designation & Full address with Telephone No. | | |
| (iv) Full residential address with Mobile No. | | |
| (v) Permanent Address | | |
| (vi) Relation with the child | | |

16. Details of sibling in our school:

| Name | Class | Admission No. | Gender | |
|------|-------|---------------|--------|---|
| | | | M | F |
| | | | M | F |
| | | | M | F |

17. School transport required: Yes No

If yes, kindly fill the Transport Form.

DECLARATION BY THE PARENT

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief.

I shall abide by the rules of the School. We also undertake to meet all the financial responsibilities in time regarding the education of our child in the school.

Date:.....

.....

Signature of Parents

GENERAL INSTRUCTIONS

1. Please fill the application form in **CAPITAL LETTERS** only with **Blue** or **Black** pen. Use of fluid and cutting is not allowed.
2. Registration does not guarantee admission and the registration fee is non-refundable.
3. The decision of the admission board will be final and binding.
4. Both parents must accompany the child for the meeting with the Principal & Staff during admission.
5. Documents to be submitted with form:
 - i) Birth certificate,
 - ii) Father & Mother ID proof,
 - iii) Child's Aadhaar card,
 - iv) TC and Report Card of previous class attended,
 - v) OBC/SC/ST Certificate (if Applicable),
 - vi) Photograph of child / Parents / Guardian / Visitor,
 - vii) Transport Consent form,
 - viii) Medical History and consent form.
 - ix) Immunization Card Copy
6. The application form would be considered invalid without the signature of the parents / guardian.
7. The date of birth and spelling of the pupils name should be according to the last school records or as per ID provided.
8. It is the responsibility of the parent / guardian to intimate the school in writing if there are any changes in the details provided in the application form.

FOR OFFICE USE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

 Admission Incharge

2. Please admit to Class..... Section..... after checking the relevant papers and realise the dues.

Date:

PRINCIPAL

Admitted to Class..... Section..... Fee Receipt No.....

Dated..... Issued.

| | | | |
|-----------------------------|----------------|---|-------|
| Details of amount received: | Admission Fees | ₹ | |
| | Tuition Fees | ₹ | |
| | Any other Fees | ₹ | |
| | Computer Fee | ₹ | |

| | | |
|--------------|---|-------|
| TOTAL | ₹ | |
|--------------|---|-------|

Name has been entered in the Class Attendance Register: (✓) Yes No

Certified that all the entries have been made in the Scholar's Register and the dues have been received.

Registration No. of the student in Admission Withdrawal Register is.....
Vol.....

Date:

Office Suptd.

Admission considered by the school is in accordance with the provisions of the Board & approved.

Date:

Sign. of Principal

ACKNOWLEDGEMENT SLIP

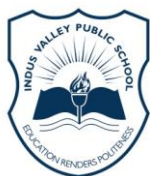
Sr. No.

Received application of (Name) _____ for class _____

Meeting/Admission Test (as applicable) Date _____ at _____.

Date: _____ Regn. No. : _____

(Admission Incharge)



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MEDICAL CONSENT FORM

Sr. No.
Admission No:
Session: 20 -

Child's Name: Class/Sec:

Father's Name: Mr.

Mother's Name: Mrs.

Address:

Mobile No: (Landline No.):

Name, Contact No. and Relation with the child (In case of emergency):

Health Status of the Child

Height Weight Blood Group Vision (Left) (Right)

Medical Issues / Allergies, if any:

Precautions to be taken (if any):

Advise, if emergency arises:

I hereby certify that all the above particulars are correct and true to my knowledge.

Parent's Signature

Any specific activities:

Encouraged:

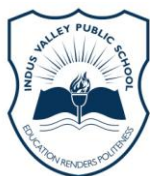
Discouraged:

Understanding that my child may need emergency treatment during school hours or at activities, I hereby give my consent in advance to Child Care Provider and to the physicians or hospital selected by the school to render first aid or emergency treatment as in their judgment is reasonably necessary.

I understand that the Child Care Provider will attempt to contact me before securing medical treatment but that this consent is given in case I am not available in an emergency.

SIGNATURE OF PARENT / GUARDIAN

DATE



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TRANSPORT FORM

Sr. No. _____
Admission No.
Session: 20 -

Dear Principal,

We request that our son / daughter whose particular are given below may be permitted to use the school transport for his / her journey between _____ and Indus Valley Public School premised w.e.f. _____.

Date : / /

Registration No.:

Admission No.:

Child's Name:

Father's Name :

Mother's Name :

Guardian's Name :

Class: Section:

Residential Address: Pin:

Landmark Detail:

Email ID:

Mobile: Landline:

Affix recent
passport size
photograph of the
CHILD

Office Use Only

Master / Miss:

S/o/D/o :

Pick and drop point:

Allotted Route No. : w.e.f.: / /

TRANSPORT INCHARGE