



YADAVINDRA PUBLIC SCHOOL, S.A.S NAGAR (MOHALI)

REGISTRATION FORM FOR ADMISSION

APPLICANT'S INFORMATION

PASTE ONE
STAPLE 2 PASSPORT
PHOTOS

For Office use only-

Admission Registration no: _____

INSTRUCTIONS:

- To be filled in CAPITAL PRINT LETTERS only.
- Incorrectly filled form will render the applicant as ineligible.
- Write NA (Not Applicable) wherever information is not relevant. Blank spaces will not be accepted.

SEEKING ADMISSION IN CLASS: **YEAR:**

FOR CLASS XI 1. STREAM (HUMANITIES/ COMMERCE/ MEDICAL/NON-MEDICAL):

2. SUBJECTS (i), (ii),

(iii), (iv), (v)

Please select only one Category: - General ☐ Alumni ☐ Sibling ☐ EWS ☐

FIRST NAME:.....MIDDLE NAME:.....LAST NAME:.....

(NO REQUEST FOR CHANGE IN NAME AND DATE OF BIRTH WILL BE ACCEPTED LATER)

DATE OF BIRTH (DD/MM/YYYY):...../...../..... PLACE OF BIRTH:.....

AGE AS ON 01 April 2023YEARS.....MONTHS.....DAYS

GENDER: NATIONALITY RELIGION:

MOTHER TONGUE:

APPLIED AS BOARDER / DAY BOARDER:.....

CATEGORY: GENERAL:SC/ ST/OBC **(ATTACH CERTIFICATE OF PROOF)**:.....

AADHAAR CARD NO. OF APPLICANT **(ATTACHED PHOTOCOPY)**

NAME & CITY OF PRESENT SCHOOL:.....

EMAIL ID FOR COMMUNICATION:MOBILE NO. FOR SMS:.....

PARTICULAR STRENGTHS OF THE CANDIDATE (PLEASE SPECIFY SUBJECTS OF INTEREST):.....

OTHER INTERESTS OF THE APPLICANT (E.G ART, MUSIC, SPORT):.....

KINDLY MENTION ANY SPECIAL EDUCATION NEEDS OR PHYSICAL CHALLENGE:.....

TO BE FILLED BY FOREIGN NATIONAL,(ATTACH PHOTOCOPY OF PASSPORT & VISA)

TYPE OF VISA YOU CURRENTLY HOLD FOR ENTRY TO INDIA ☐ STUDENT ☐ VISITOR

NAME ON PASSPORT.....PLACE OF ISSUE OF PASSPORT.....

ADDRESS FOR CORRESPONDENCE (CURRENT ADDRESS):

HOUSE NO./LOCALITY.....

CITY/DISTRICT..... STATE..... COUNTRY..... PIN CODE.....

PERMANENT ADDRESS:

HOUSE NO./LOCALITY.....

CITY/DISTRICT..... STATE..... COUNTRY..... PIN CODE.....

FAMILY INFORMATION

A. **FATHER'S NAME:**

EDUCATIONAL QUALIFICATIONS:..... OCCUPATION/DESIGNATION:.....
IN CASE OF BUSINESS PLEASE INDICATE CLEARLY TYPE OF BUSINESS.

ANNUAL INCOME..... NATIONALITY.....

OFFICE NAME, ADDRESS & CONTACT NUMBER:.....
.....

MOBILE NUMBER:..... EMAIL:.....

B. **MOTHER'S NAME:**

EDUCATIONAL QUALIFICATIONS:..... OCCUPATION/DESIGNATION:.....
IN CASE OF BUSINESS PLEASE INDICATE CLEARLY TYPE OF BUSINESS

ANNUAL INCOME..... NATIONALITY.....

OFFICE NAME, ADDRESS & CONTACT NUMBERS:
.....

MOBILE NUMBER: EMAIL:

C. **IN CASE OF SINGLE PARENT (PLEASE SPECIFY)** (WRITE N/A IF NOT APPLICABLE)

STUDENT LIVES WITH(MOTHER/FATHER/OTHER SPECIFY)

LEGAL CUSTODIAN(MOTHER/FATHER/OTHER SPECIFY)

CORRESPONDENCE/COMMUNICATION TO.....(MOTHER/FATHER/OTHER SPECIFY)

CHECK IF APPLICABLE:- PARENTS DIVORCED ☐ PARENTS SEPARATED ☐

IN CASE OF AN EMERGENCY - DETAILS OF A LOCAL GUARDIAN

NAME:.....

HOUSE NO./LOCALITY.....CITY/DISTRICT.....

RELATIONSHIP WITH APPLICANT.....

MOBILE NO. OF GUARDIAN.....GUARDIAN SIGN.....

IN CASE OF A CHILD STAYING WITH THE GUARDIAN

NAME:.....

HOUSE NO./LOCALITY.....CITY/DISTRICT.....

RELATIONSHIP WITH APPLICANT.....CONTACT NO. OF GUARDIAN.....

EMAIL ID OF GUARDIAN.....GUARDIAN SIGN.....

Please Paste Latest
Coloured Passport
Size Photograph of
Father

Please Paste Latest
Coloured Passport
Size Photograph of
Mother

Please Paste Latest
Coloured Passport
Size Photograph of
Guardian

Please Paste Latest
Coloured Passport
Size Photograph of
Guardian

WHETHER APPLICANT'S SIBLING IS A STUDENT OF YADAVINDRA PUBLIC SCHOOL? ☐ YES ☐ NO

NAME:.....RELATIONSHIP:

ROLL NO.:CLASS & SECTION:HOUSE:

RELATIONSHIP TO PAST OR PRESENT STUDENT

WHETHER APPLICANT'S PARENT HAS BEEN A STUDENT OF YADAVINDRA PUBLIC SCHOOL? ☐ YES ☐ NO

IF YES:

NAME:.....RELATIONSHIP:.....

ROLL NO.:..... YEAR OF JOINING:.....YEAR OF LEAVING:.....

SCHOOL HOUSE:..... LAST CLASS ATTENDED:.....

UNDERTAKING:

I understand and agree that the registration of my ward does not guarantee admission to the school and that the registration fee is neither transferable nor refundable. I understand that once my ward has been admitted and in case of a withdrawal thereafter, I will give one month's advance notice or pay the school dues for the one month's fee of the session during which the student is withdrawn. I understand that the school reserves the rights to revise the School fee structure, the academic curriculum, co-curricular activities, sports and games, School timings, term schedule, examination schedule and School uniform, at any time at its discretion. I understand that my ward would be withdrawn and cease to remain on School rolls in the event of non-payment of fees in full before or on the due date or on any other disciplinary grounds.

Father's Name _____

Signature _____

Mother's Name _____

Signature _____

This application must be accompanied by a demand draft in favour of "The Director, Yadavindra Public School, S.A.S. Nagar" for a sum of R 6750/- and an attested xerox copy of the birth certificate of the candidate, as issued for urban areas by the registrar of births & deaths/executive officer under the municipalities act working as the assistant registrar (births & deaths)/ designated local registrar of the locality; for rural areas by the district registrar for births & deaths/ civil surgeon acting as a district registrar (births & deaths)/ designated local registrar of the area. D.O part II is accepted for children of Defence Services personnel. No affidavit or School certificate of birth is acceptable. Also attach two passport size photographs of the student with the registration form. Besides this, the student's medical history sheet, photocopy of Aadhaar card of student and parents and attested photocopy of caste certificate (wherever applicable) be attached at the time of registration.

Note- Any change in current address and phone numbers are to be informed to the Admissions Office immediately.

For Office Use Only

REGISTRATION NO:.....DATE:.....

REGISTRATION RECEIPT NO:.....DATE:.....

ADMISSION NUMBER:.....

AMOUNT RS.....

ADMIT TO CLASS:..... SECTION:.....

ADMISSION RECEIPT NO:.....DATE:.....

ROLL NO.:.....HOUSE:.....

AMOUNT RS.....

BOARDER/DAY BOARDER:.....

ADMISSION DATE:.....

BURSAR

DIRECTOR



YADAVINDRA PUBLIC SCHOOL, S.A.S NAGAR (MOHALI)
BOARDER INFORMATION FORM

Paste Local Guardian
photo

BOARDER'S INFORMATION

FIRST NAME:.....MIDDLE NAME:.....LAST NAME:.....

CLASS ROLL NO. DoB.....

FATHER'S NAME:..... MOTHER'S NAME:.....

MOBILE NO.:..... MOBILE NO.:.....

EMAIL EMAIL

PARENTS ADDRESS FOR CORRESPONDENCE:.....

.....

LOCAL GUARDIAN INFORMATION

FIRST NAME:.....MIDDLE NAME:.....LAST NAME:.....

PROFESSION:.....

MOBILE NUMBER:...../.....EMAIL:.....

LOCAL ADDRESS:.....

.....

UNDERTAKING: I understand and agree that my ward cannot leave the school campus unescorted or without prior permission from the Boarding Housemaster. I shall abide by the rules and regulations laid down by the School authorities in the Boarders' Information Booklet. Any digression from the rules may lead to strict disciplinary action against my ward.

Parents must submit extra 4 copies each of student's Aadhaar card and Date of Birth with the Boarding House Master at the time of entry.

DATE:

PARENT'S SIGNATURE

YADAVINDRA PUBLIC SCHOOL, S.A.S NAGAR (MOHALI)**MEDICAL HISTORY SHEET***(To be filled by a competent medical practitioner)***APPLICANT'S INFORMATION**

FIRST NAME			MIDDLE NAME			LAST NAME		
DATE OF BIRTH	DAY		MONTH		YEAR		CLASS FOR WHICH SEEKING THE ADMISSION	
AGE	YEARS		MONTHS		DAYS		GENDER	

ANY SPECIAL PHYSICAL NEEDS

MEDICAL CHECK LIST IMMUNISATION CHART**IMMUNISATION CHART**

BLOOD GROUP	HEIGHT (cms.)	WEIGHT		1. WHOOPING COUGH		
				DATE	MONTH	YEAR
SPEECH IMPAIRMENT	HEARING IMPAIRMENT	EYESIGHT (BLINDNESS/LOW VISION)		2. DIPHTHERIA		
		DISTANCE VISION	NEAR VISION	DATE	MONTH	YEAR
ALLERGIES	G6PD	TYPHOID		3. TETANUS		
				DATE	MONTH	YEAR
DIABETES	CHICKEN POX	TONSILS		4. TYPHOID & CHOLERA		
				DATE	MONTH	YEAR
ASTHMA/BRONCHITIS	SWINE FLU	HERNIA		5. HEPATITIS B		
				DATE	MONTH	YEAR
JAUNDICE	CARDIAC	TUBERCULOSIS		6. SWINE FLU		
				DATE	MONTH	YEAR
EPILEPSY	SURGERY	*ANY OTHER/ PAST/COVID 19 HISTORY		6. BCG		
				DATE	MONTH	YEAR
Please tick mark if applicable: Loco Motor/Mental Retardness/Learning Disability/Cerebral Palsy/Autism/Multiple Disability/Orthopedic/Diabetic Mellitus				7. POLIO		
				DATE	MONTH	YEAR

Parent's Signature & Date

UNDERTAKING : This is to certify that I have examined the above mentioned candidate and have found him/her free from any infectious complaint and that he/she is physically fit, in all respects, to attend school

Signature & Stamp of Medical Practitioner

.* CONTACT NO. IN CASE OF A MEDICAL EMERGENCY