GURU NANAK FOUNDATION PUBLIC SCHOOL
SECTOR -92, (CHAPPAR CHIRI)

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 ☐ Sibling ☐

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 Admission Date……YEARS……MONTHS……DAYS

GENDER: …… NATIONALITY …… RELIGION: ……

MOTHER TONGUE: ……

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:……

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

Please Paste Latest Coloured Passport Size Photograph of Father

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:……

Please Paste Latest Coloured Passport Size Photograph of Mother

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

Please Paste Latest Coloured Passport Size Photograph of 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

Please Paste Latest Coloured Passport Size Photograph of Guardian

NAME:……

HOUSE NO./LOCALITY……..CITY/DISTRI CT……..

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

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

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 GNFPS? ☐ **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 Cash Rs 15000/-of Admission 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.

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

STUDENT NAME:……..DATE…….. ADMISSION CHARGES:……..DATE:……..

ADMISSION NUMBER:…….. TUITION FEE ……..

ADMIT TO CLASS:…… SECTION:…… BUS CHARGES (IF APPLICABLE):……..DATE:……

ADMISSION DATE:… ……..

(Admn. Incharge)
Signature

(Parents Signature)

Principal
(Signature)

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SECTOR -92, (CHAPPAR CHIRI)

AVAILING OF BUS SERVICE

1 _____ Father / Mother / Guardian of

_____Class_____Section_____

Roll No._____ give my consent for availing the bus service to commute to and from school. My pick and drop location is_____

_____

☐ **YES, I give my consent.**

☐ **NO, I don't want to avail the bus service.**

I also take the undertaking that my ward will follow all protocols laid down by the school while using the bus service.

Parents' Signature

Name of Parent / Guardian

Address

Telephone Nos.

Date

(Admn. Incharge)
Signature

(Parents Signature)

(Transport Incharge)
Signature

GURU NANAK FOUNDATION 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. DIPTHERIA	
		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	