



FORM 1

# ARYA VEDIC PUBLIC SCHOOL

ARAM BAGH ROAD, PAHAR GANJ, NEW DELHI-110055

Phone No. - 011-23559314

Passport size  
Photo of student

Passport size  
Photo of Father

Passport size  
Photo of Mother

Registration for class \_\_\_\_\_

1. Name of the student (in Block Letters) \_\_\_\_\_

2. Date of Birth

Date      Month      Year

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(In words) \_\_\_\_\_

3. Class for which admission is sought \_\_\_\_\_

4. Sex :      Male       Female

5. Category      General       SC       ST       OBC

6. Father's Name (in Block Letters) \_\_\_\_\_

Office Address if any: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Contact Details:      Office Telephone No.: \_\_\_\_\_

Residence Telephone No.: \_\_\_\_\_

MOBILE No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

8. Distance of residence from the school: \_\_\_\_\_

9. Is the school transportation required      Yes       No

10. Medical information:      Does the child have some special needs?      Yes       No

11. Parameters for admission

- (I) Neighbourhood (Tick as applicable)      5 Kms radius       10 Kms radius
- (ii) Sibling (Real brother/sister only)      Yes       No   
 [Tick as applicable]

If sibling in the game school give details of sibling:      Siblings Name \_\_\_\_\_  
 Class - Section \_\_\_\_\_

- (iii) School Allumini      If Yes, mention the year of passing  
 [Tick as applicable]
- |            |     |                          |    |                          |
|------------|-----|--------------------------|----|--------------------------|
| (a) Father | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Mother | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
- (iv) Child who is physically challenged      Yes       No
- (v) Single Parent      Yes       No   
 [widow/ widower / divorcee / unmarried]
- (vi) Transfer case      Yes       No   
 [both or either of the parents in transferable job]
- (vii) Gender      Boy       Girl
- (viii) Does the child belong to Delhi      Yes       No   
 (For e.g. A Kashmir migrant or a  
 Child from Assam or Tamil Nadu)

12. Please register my son/daughter named above in your school.  
 13. Attested Photo copies of document submitted are tick-marked below
- (a) Date of birth certificate of the child
  - (b) certificate in support of belonging to SC/ST/OBC (if applicable)
  - (c) Proof of residence
  - (d) Proof of sibling (if applicable)
  - (e) Proof of Alumni (if applicable)
  - (f) Proof of transfer in the last 10 years if parents (mother/father) are in a transferable job.
  - (g) Medical certificate of the child for children with special needs.

14. I shall produce the requisite documents in original at the time of admission

SIGNATURE OF PARENT

**UNDERTAKING**

I \_\_\_\_\_ father/mother of \_\_\_\_\_ hereby declare that Information given above by me is based and facts and authentic records. Admission of my child may be cancelled if any Information is found to be false.

SIGNATURE OF PARENT

**General Instructions:**

1. Use only black ball pen to fill the form.
2. Do not enter registration number yourself.
3. For points 4,5,9,11,(I)(ii), (iii), (iv), (v), (vi), (vii) and (viii) tick ( ) for 'Yes' and cross ( X ) for 'No' as applicable.