



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.