

UCSKM PUBLIC SCHOOL

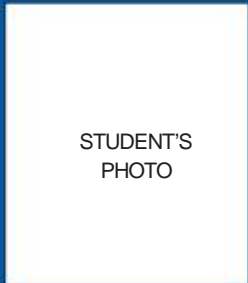


UTOPIA-COL. SATSANGI'S KIRAN MEMORIAL PUBLIC SCHOOL

BHIWADI (Raj.) Ph. : 01493-298081, 82
(affiliated to C.B.S.E. New Delhi)

Set up on lines of CSKM Public School, Satbari, New Delhi
e-mail : info@ucskm.org Web. : www.ucskmschool.com

STUDENT'S
PHOTO



ADMISSION No. _____

HOUSE _____

BUS YES NO

Please read this carefully and seek admission only if you are genuinely convinced and not as a contingency due to your urgent need at the moment, to later feel or say that this is unfair and other schools do not do it etc.

I hereby apply for admission as per details given below. I agree to abide by rules and regulations framed/changed without any reference/conference to/by me & hereby give up all rights/claims now & in future, to challenge any of these in any way legal or otherwise, whatsoever, I seek this admission after full knowledge & conviction of the excellent/unique setup of the institution including its special characteristics of living style/educational process, which may be considered rather unusual by many. I willfully respect the Customs & Philosophy of institution regarding festivals, holidays, leaves & dress etc. and I know that I am doing it for ultimate benefit, growth & development of my child & entirely at my cost & risk, with full faith in the best efforts of the institution & I fully understand that the institution & its staff will in no way be considered responsible for any mishap/failures whatsoever (God forbid) Physical harm to the child due to any act of commission / omission of the institution or its staff.

Date :

Signature of Parent / Guardian

STUDENT'S PERSONAL INFORMATION

	First	Middle	Last
Name			
Date of Birth	...../...../..... (Date/Month/Year) Age : Year Month		
Place of Birth	City.....State.....Country.....		
Father's Name	.....Occupation.....Mobile.....		
Mother's Name	.....Occupation.....Mobile.....		
Class		Gender	Male Female
Present Address	.....Email.....		
Permanent Address	.....	
Caste Category	GEN	OBC	SC ST (As per Govt. Stipulations)
Mother Tongue	Hindi	English	Other.....
Nationality	Indian	Other.....	
If Child is adopted	Yes (Since Year.....)		



Details of Siblings

No. of Brothers No. of Sisters..... Sibling in UCSKM.....

Last 3 Schools Attended Since	Board	Academic Record		Medium	Rank	Co-Curricular Achievement
		Class From	To				Years of Study From	To
1.						
2.						
3.						

Physical Information : To be verified		by Medical Incharge of the School							
Height (In cm) Weight (In Kg.)		Left Eye Sight Right Eye Sight							
Skin Complexion / Color		Fair	Whitish	Dark	Other				
Blood Group		A+	A-	B+	B-	O+	O-	AB+	AB-
Mark of Identification on Body									
Any Physical Disability / Challenged									
Allergies (if any)									
Drugs prohibited for above Allergies									
Family Doctor									

Physical Endurance / Stamins :

VERY STRONG	STRONG	AVERAGE	TENDER	WEAK
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Academic Test Report	ADMISSION	TEST Details	Examiner's Name & Signature
		Marks	
Subject			
1.			
2.			
3.			

Remarks

..... Signature Admission I/C

I willfully agree to abide by the following rules & regulations regarding payment of fees etc.

- All fees are chargeable on FULL SESSION BASIS irrespective of the date of admission. However as a concession to Transfer cases of MID-SESSION only 2 months fees may be charged as arrear as on the date of admission.
- Late Grace Fee of Rs. 10/- per day for any type of dues will be charged after 11th of that month
- Existing rate of fees is linked with CONSUMER PRICE INDEX and D.A. announced from time to time by the GOVT. OF INDIA. The announcement by the Govt. will be considered as NOTICE to parents and fee will be required to be paid as calculated, ipso facto and automatically according to the Govt. announcement.
- Two clear months notice is a must in all cases, if the child is to be withdrawn otherwise two months fees will be charged in lieu thereof. This is to avoid hasty and not fully considered decisions.

I fully agree with the above terms and conditions and assure to follow the same under all circumstances

SIGNATURE OF PARENT / GUARDIAN.....

NAME OF SIGNATORY

RELATIONSHIP WITH THE CHILD



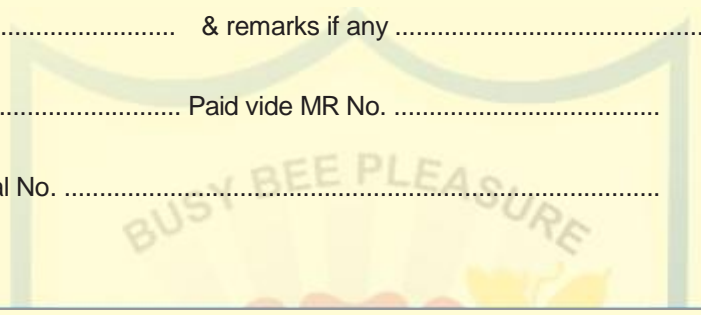
Payment of Registration fee vide MR No. and date signature of accountant

Admission offered - class Subjects offered

Sign of Principal & remarks if any

After checking fees Rs. Paid vide MR No. Date

Entered in long rolls at Serial No. Date



TICK THE DOCUMENT SUBMITTED	SIGNATURE OF PARENT / GUARDIAN
BIRTH CERTIFICATE	.....
TRANSFER CERTIFICATE	.....
REPORT CARD	.....
ID PROOF OF PARENTS	.....
2 PHOTOS OF STUDENT	.....
2 PHOTOS OF PARENTS	.....
<p>If any document/s not submitted tick the time period when the same will be submitted, if all the required documents will not be submitted within the time period marked the admission will be cancelled without notice.</p>	
1 WEEK	15 DAYS
	1MONTH

Parent's / Guardian's Sign.

Office Superintendent Sign.



TRANSPORT DETAILS

MOTHER'S
PHOTO

FATHER'S
PHOTO

GUARDIAN'S
PHOTO

Name of Student :

School No. : Class :

Date of Admission : Date of Joining :

Parent / Guardian :

Address :

.....

Residence No.

Office No.

Mobile No.

Contact No.:

Status of Bus Charges : Route No. :

Details of Bus Stop :

Distance (Tick the Applicable) Below 5 Kms. Between 5 to 20 Kms. More than 20 Kms.

Remarks :

.....

.....

Date :

Parent's / Guardian's Signature

OSD (Admission)

Accounts

Principal