

ANGELS PUBLICSCHOOL

(Block B 12-20Vasundhara Enclave, Delhi -110096)
(Recognized by Govt. of NCT of Delhi and affiliated to CBSE)

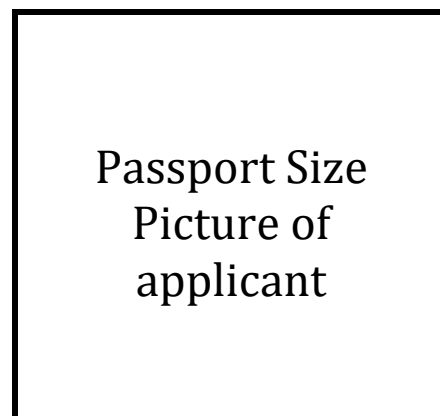
REGISTRATION FORM -1

(Session 20...-20.....)

NO.....

(For Official Use Only)

Registration for class.....



(NOTE - All the details to filled in block letters with blue/black pen)

Admission Guidelines:-

- Points has be allotted to each admission criteria
- The allotted points will be summated to calculate the score of applicant of admission out of 100 points
- The applicant with higher points will be given preference

Admission Criteria:-

- *Neighborhood (0-3 km -50 points,3-6 Km - 40 points, 6Km or above 30 points)*
- *Siblings already a student of school: (20 Points)*
- *Child Of Alumni of school (10 Points)*
- *Single Girl Child (10 Points)*
- *Staff Child (10 Point)*

(NOTE – All the details to filled in block letters with blue/black pen)

1. Name of the applicant:.....

2. Permanent Address:
.....
.....

3. Date of Birth (dd/mm/yr).....

4. Gender (Male /Female).....

5. Category of Candidate (General / SC/ST /OBC) :
(In case of SC/ST/OBC please affix a valid proof with the form)

6. Class applied for :

7. Details of Father

(a) Name:

(b) Qualification:.....

(c) Occupation:.....

(d) Designation:

8. Details Of Mother

a) Name:

b) Qualification:.....

c) Occupation:.....

d) Designation:

9. Admission Information :

a) Neighborhood (tick the relevant distance):

0-3 km - 50 points

3-6 Km - 40 points

6Km and above – 30 points

b) Siblings already a student of school : 20 Points (Yes /NO)
(if yes please fill the details below)

a) Name Of sibling

b) Class Of sibling

c) Child Of Alumni of school (10 Points) (YES/NO)

d) Single Girl Child (10 Points) (YES/NO)

e) Staff Child (10 Points).....(YES/NO)
(if yes please fill the details below)

Name of the related staff member:.....

Designation of the staff member :.....

10) Is the school Transport facility required : (YES /NO)

11) Medical Information:

Is the applicant having special needs / Vulnerable background

(YES/NO)

If yes please fill the details:

Type of Medical Condition in detail

.....

12) Physical Disability (if any) (YES /NO)

If Yes please mention the type of disability

.....

Ifather/mother of

Confirm that the details provided by me are completely authentic and that i shall produce required supporting documents at the time of admission. I also agree that transport facility will be availed for the whole year and will not discontinued before end of session.

(Principal)

(Parent Signature)