



# SETH ANANDRAM JAIPURIA SCHOOL

EMPOWER • ENTHUSE • EXCEL

DEORIA

Kasia Gorakhpur Bypass Road, Babhani Road, Beside Gandak Colony, Deoria - 274001 (U.P.)  
Ph.: 9044454105, 9044454106 | Email: admission.deoria@jaipuria.school  
Visit: www.jaipuriaschoolsdeoria.com

## REGISTRATION CUM ADMISSION FORM

Application Form No.: .....

Scholar No.:

Date of Submission: .....

Reg. No.: .....

Important: Please fill all the details in CAPITAL LETTERS using black or blue pen only

### DOCUMENT CHECK LIST

- (1) Photograph of the child (2) Photograph of Parents (3) Birth certificate of the child (4) Photocopy of vaccination card (For Pre-Primary)  
(5) Aadhar Card of Child & Parents (6) Transfer Certificate and Marksheet from previous school (Class 2 & above)

Please affix latest  
Passport size  
photograph in colour

STUDENT

Please affix latest  
Passport size  
photograph in colour

MOTHER

Please affix latest  
Passport size  
photograph in colour

FATHER

### GENERAL INFORMATION

I/We are seeking admission in class ..... Session.....

### PERSONAL DETAILS OF STUDENT

First Name ..... Middle Name ..... Surname .....

Date of Birth ..... Age as on March 31st, 20\_\_ \_\_ Years ..... Months ..... Days .....

Nationality ..... Religion ..... Sex .....

Do you belong to Gen./SC/ST/OBC/EWS/Disabled/Single Girl Child (Attach certificate if applicable).

GEN  SC  ST  OBC  EWS  Disabled  Single Girl Child

Permanent Address .....

..... City ..... Pincode .....

Home Tel. No. .... Mobile ..... E-mail .....

Mailing Address .....

..... City ..... Pincode .....

Mother Tongue ..... Home Town .....

Aadhar Card No. .... Blood Group of the child .....

### HEALTH INFORMATION (if any)

Allergy / Chronic ailment .....

Any other health problem .....

### DETAILS OF PARENTS / GUARDIANS

1.	Full Name (in Capital Letters)	Mother	Father
2.	Age	Mother	Father
3.	Nationality	Mother	Father
4.	Educational Qualifications	Mother	Father
5.	Occupation	Mother	Father
6.	Designation	Mother	Father
7.	Annual Income	Mother	Father
8.	Office Address	Mother	Father
9.	Tel. No. (0)	Mother	Father
10.	Mobile & Email ID	(Mob.)	(Mob.)
		(Email)	(Email)
11.	Local Guardian (If applicable)	Relation with child	Contact Details
		Address	

**If parents are divorced, living separately or widowed, with whom is the child living?**

Name & Address of the previous school with Class .....

No. & date of T.C. issued by previous school with status of result: .....

Whether previous school was affiliated with CBSE: Yes  No

If, the previous school was not affiliated with CBSE, specify name of the Board .....

Result of previous examination ..... Percentage .....

If seeking admission to Class XI

Subjects proposed to offer: 1. .... 2. .... 3. .... 4. .... 5. .... 6. ....

**BROTHERS / SISTERS**

Name	Age	School	Class	Mention the branch if studying in Seth Anandram Jaipuria School

**TRANSPORT**

Transport Facility required: Yes  No  Staff Child: Yes  No

Approximate distance from school ..... *Please note: Transport Facility is subject to availability*

*I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief, if any information or document supplied by me is found to be incorrect, I will be responsible for the same. I shall abide by the rules of the School.*

Date .....

Place .....

.....  
Thumb Impression / Signature of Mother

.....  
Thumb Impression / Signature of Father

**FOR OFFICE USE ONLY**

This is to certify that all details as mentioned on the application form have been checked and relevant papers have been found to be in order.	
Date	Name & Signature of the Admission In-Charge

This applicant may be given admission to Class \_\_\_\_\_, subject to all information and documents being in order and authentic, and realisation of application dues.

Date.....-----  
Principal

**FOR FEE COUNTER USE ONLY**

Name:			
Admitted to:	Class	Section	
Fee receipt Number:		Dated	MM/DD/YYYY
Has the name been entered in Class Attendance Register?		Yes	No
Student Registration Number in Admission Withdrawal Register is:		Registration Number	Registration Volume

Details of Fee received	
Registration Fees	
Admission Fees	
Composite Annual Fees	
Examination Fees	
Security Deposit	
TOTAL	
TOTAL (in Words)	
Mode of payment & details	

Date .....-----  
Office Supervisor / Accounts Officer

Admission considered by the School is in accordance with provisions of the Board and approved

Date .....-----  
PRINCIPAL