



# BRAIN INTERNATIONAL SCHOOL

H-Block, Vikas Puri, New Delhi-110018

## REGISTRATION FORM

SESSION 2019-20

Honoured with



Please affix the  
Child's  
photograph here

Please affix the  
Father's  
photograph here

Please affix the  
Mother's  
photograph here

No.BIS (2019-20) -

Registration for Class \_\_\_\_\_

### PERSONAL DATA OF THE CHILD:

- Name of the Child (In Block letters) \_\_\_\_\_
- Date of Birth: DD/MM/YY 

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(In Words) \_\_\_\_\_
- Age as on 31-03-19: \_\_\_\_\_ years \_\_\_\_\_ months. Sex: Male  Female
- Religion: Hindu  Muslim  Sikh  Jain  Buddhists  Christian
- Caste: General  SC  ST  OBC
- Mother Tongue: \_\_\_\_\_
- Whether child is a single child: Yes:  No.:
- Name of the Play school / school last attended: \_\_\_\_\_ Class/Year: \_\_\_\_\_
- Sibling: Is a sibling of the student studying in this school (Real brother/sister only) Yes  No   
If yes, give details: Sibling Name \_\_\_\_\_ Class & Section \_\_\_\_\_ Admn.No: \_\_\_\_\_

### PARENTS/GUARDIANS INFORMATION:

- Father's Name (In Block Letters): \_\_\_\_\_
- Qualification: \_\_\_\_\_
- Profession/Occupation: Service  / Business  Designation: \_\_\_\_\_
- Office Name & Address: \_\_\_\_\_
- Off. Tel No.: \_\_\_\_\_
- Is the job transferable: Yes  No
- Residential Address: \_\_\_\_\_
- Tel. No. (Residence): \_\_\_\_\_ Mobile No.: \_\_\_\_\_
- Pan No: \_\_\_\_\_
- Achievements if any: Player/Artist (Musician/Dancer/Actor/Magician etc)/Any Other: \_\_\_\_\_
- Level: National/State/Zone etc. \_\_\_\_\_

• **Mother's Name (in Block Letter)** \_\_\_\_\_

**Qualification:** \_\_\_\_\_

**Profession/Occupation:** Service  / Business  **Designation:** \_\_\_\_\_

**Office Name & Address:** \_\_\_\_\_

**Off. Tel No.:** \_\_\_\_\_

**Is the job transferable:** Yes  No

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

**Tel.No. (Resi):** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_

**Pan No:** \_\_\_\_\_

**Achievements if any: Player/Artist (Musician/Dancer/Actor/Magician etc)/Any Other:** \_\_\_\_\_

**Level: National/State/Zone etc.** \_\_\_\_\_

• **Are you a single Parent? (Tick the appropriate)** **Father**  **Mother**

**TRANSPORT:**

• **Is the School Transportation required?** Yes  No

• **If not, are you in a position to provide safe transportation to the student:** Yes  No

**MEDICAL INFORMATION:**

• **Does the child have some special needs?** Yes  No

• **If yes, give details:** \_\_\_\_\_

**THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED AT THE TIME OF SUBMISSION OF THE REGISTRATION FORM.**

- 1. Date of birth certificate issued by Municipal Corporation.**
- 2. Photo copy of the Residence Proof (Ration Card, Domicile Certificate, Voter ID, Electricity Bill, MTNL Bill, Water Bill, Passport, Aadhar Card.) (Kindly carry the original copy at the time of admission)**
- 3. Attested Copy of the Progress Report & Transfer Certificate of the school last attended. (Not needed for admission to preschool.)**

**UNDERTAKING**

I \_\_\_\_\_ **father/mother/guardian of** \_\_\_\_\_

hereby declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled without any correspondence if any information is found to be false.

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_