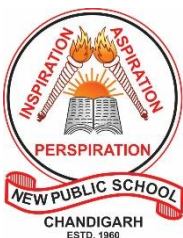


Registration No. _____



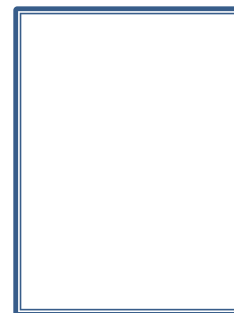
THE NEW PUBLIC SCHOOL

Sector 18-B, Chandigarh, Ph.: 0172-2774162

E-mail: info@npschd.com

REGISTRATION FORM

(ADMISSION FORM TO BE FILLED SEPRATELY)



1. Student's Name (in Capital Letter)													
2. Date of Birth (in figures)		D	D	M	M	Y	Y	Y	Y	3. Nationality			
4. Category SC/ST/OBC/Gen				5. Religion				6. Gender		M	<input type="checkbox"/>	F	<input type="checkbox"/>
7. Father's Name													
8. Profession/Designation						9. Monthly income from all Sources							
10. Mother's Name													
11. Profession/Designation						12. Monthly income from all Sources							
13. Name of previous school attended													
14. Class in which studying at present						15. Hostler		<input type="checkbox"/>	16. Day Scholar				<input type="checkbox"/>
17. Medium of instruction in the previous school						(English/Hindi)							
18. Co-curricular													
19. Name and class of any real sibling studying in this school													
20. Correspondence Address: _____ _____													
Email: _____													
Telephone Nos:		Res:				Father Cell:				Mother Cell:			
21. Person to be contacted (in case of emergency)		Name _____											
		Address _____ _____											
		Tel No.: Off _____			Res _____			Cell _____					

Student Signature

Parents Signature

22. The Registration fee of ₹ 100/- (Nonrefundable) for day scholars and ₹ 10,000/- (Nonrefundable/Will be adjusted in fees) is paid herewith and I understands fully that the School on accepting this fee and on registering his/her name is in no way bound to admit him/her. The admission will be given only when a suitable vacancy arises and if the student is found fit for admission to the school.

23. It would be my responsibility to ensure that my ward conforms to age rules for admission as mentioned in the school rules. My ward will be denied admission or he/she will be asked to withdraw if he/she is over-age or his/her age is found to be wrong at any stage.

24. Registration Form of my ward will stand rejected if it is incomplete in any way and no correspondence will be made to me in this regard.

25. Registration fee can be paid via NEFT / E-Transfer as per account details given at school website and inform the School authorities through Email: accounts@npschd.com with student's details.
I certify that the above information is correct

Signature of Parent/Guardian
(Father or Mother)

Date _____

MEDICAL CERTIFICATE

Certified that _____ S/o _____ is free from any constitutional and hereditary disease or infirmity. I further certify that the child is not subject to any deformity or mental defect and such troubles as insomnia or sleep walking, fits or convulsion, lung trouble, epilepsy, asthma, tonsillitis and bed-wetting. Blood Group _____

Details of any major surgical operation undergone and any allergy _____

Details of medicines being taken _____

Date _____

Place _____

Signature
Seal

(Registered Medical Practitioner with qualifications not lower than M.B.B.S.)

DOCUMENT REQUIRED

1. Result of Mid Term Exam

2. Previous Class DMC

(Copy to be attached)

For Office Use Only

Registration Fee _____ Amount _____ Date _____

Signature