



NIMAWAT PUBLIC SCHOOL (NPS)

Fatehpur Shekhawati -332301 Dist: Sikar (Raj.)India (CBSE Affiliation No: 1730135)

Ph: +91 – 1571 – 231369, 233569, 222461 – 64, F: 233571

Mob: +91- 9829232198, 9829265755. 8003692991 – 94, 8003693000

REGISTRATION-CUM-ADMISSION FORM

Registration for the Academic Year:

Class in which the Admission is Sought:

Boarder/ Staff Child

<input type="text"/>	A.C/Non A.C.
----------------------	--------------

Name of the Student:
(In Block Letters)

First Name	Last Name
<input type="text"/>	<input type="text"/>

Date of Birth:

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth in Words:

Aadhar Card No:

Nationality

Category

Single Child

<input type="text"/>	SC	ST	OBC	Gen	Yes/No
----------------------	----	----	-----	-----	--------

Father's Name and Address:

Father's Profession:

<input type="text"/>	Annual Income: Rs. _____
----------------------	--------------------------

Mother's Name:

Telephone Numbers:

Mobile No	Residence	Office
F :	<input type="text"/>	<input type="text"/>
M :	<input type="text"/>	<input type="text"/>

E – mail address:

Name & Address of the school last attended:

Children in NPS of same parentage:

S. No.	Name of Child	Class with Section
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>

Documents submitted with admission Form:

- (i) Transfer Certificate : Yes/No (ii) Mark Sheet in Original : Yes/No (iii) Affidavit : Yes/No
(iv) Registration of IX/XI : Yes/No (v) Visitors Photos : Yes/No (vi)-----.

	Bank Draft No.	Cash Receipt No.	Date
(i) Registration Fee Paid			
(ii) Admission Fee Paid			

Visitors Name and Mobile No of persons authorized to visit the student:	1.	
	2.	
	3.	
	4.	

UNDERTAKING

I am the bonafide parent/ guardian of the above-mentioned student. If my ward is admitted in Nimawat Public School, I undertake to deposit his/her (i) **Attested Mark Sheet of previous class** (ii) **Original Transfer Certificate** and (iii) **CBSE Registration of class IX/XI within 15 DAYS of Admission** failing which his/her admission may be held null & void. I will abide by the School Rules and Procedures in all respects. **I undertake not to claim from the school (NPS) the admission, hostel and tuition fees paid by us if my ward leaves the school after admission due to any reason. I certify that the information supplied in this form is true and correct to the best of my knowledge.**

Date: -----

Signature of Parent/ Guardian

Fee received at the time of Admission Rs/ Dollar: ----- Receipt No: -----.

Date: -----

Accountant

Class admitted----- Date of Joining -----, Hostel: -----
Scholar No: ----- House -----.

Dated: -----

Principal.

Documents Received:

- (i) Transfer Certificate on: ----- (ii) Mark Sheet on: -----
(iii) CBSE Registration IX/XI on: ----- (iv)-----.

Date: -----

Signature of Office Supdt.
