



# NIMAWAT PUBLIC SCHOOL

Fatehpur Shekhawati – 332301, Distt. Sikar (CBSE Aff No: 1730135)

Ph: 01571-231369, 233569, 222461-64, 8003693000

website: nimawatpublicschool.org

## Registration cum Admission Form

Academic Year :  Class in which Admission is sought :

Name of Student : 

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
(in words) : <input type="text"/>		

Aadhar No  Bank Ac No  CBSE Registration No. (for students seeking admission in Class X & XII)

Nationality	Single Child	Religion	Category	Blood Group
<input type="text"/>	Yes/ No	<input type="text"/>	SC/ ST/ OBC/ Gen	<input type="text"/>

Stream & Subjects (for XI & XII students only)

Science	Compulsory	1. English	2. Physics	3. Chemistry	
	Elective (choose any one)	4. Maths/ Biology	5. IP/ Hindi/ Physical Education		
Commerce	Compulsory	1. English	2. Accountancy	3. Business Studies	4. Economics
	Elective (choose any one)	5. Maths/ IP/ Hindi/ Physical Education			

Name & Address of the school last attended :

### Parent's Detail

	Father	Mother
Photographs :	<input style="width: 100%; height: 100px;" type="text"/>	<input style="width: 100%; height: 100px;" type="text"/>
Name :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Profession :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Telephone No (Landline) :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
(Mobile/ WhatsApp) :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
e mail :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Annual Income :	<input style="width: 100%; height: 40px;" type="text"/>	
Address of Communication :	<input style="width: 100%; height: 40px;" type="text"/>	
	<input style="width: 100%; height: 40px;" type="text"/>	
Sibling Information	Name	Class
1. :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
2. :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

Name of Guardian (in case parents are not alive) :

Relation with the Student :

Visitor Identity Details:	1.	Name :	<input type="text"/>	
		Relation with Student :	<input type="text"/>	
		Phone No :	<input type="text"/>	
	2.	Name :	<input type="text"/>	
		Relation with Student :	<input type="text"/>	
		Phone No :	<input type="text"/>	
	3.	Name :	<input type="text"/>	
		Relation with Student :	<input type="text"/>	
		Phone No :	<input type="text"/>	

**Documents submitted with admission form:**

	Yes	No		Yes	No
1. Transfer Certificate (Original) :	<input type="text"/>	<input type="text"/>	2. Marksheet (copy) :	<input type="text"/>	<input type="text"/>
3. IX/ XI CBSE Registration Card (copy) :	<input type="text"/>	<input type="text"/>	4. Aadhar Card (copy) :	<input type="text"/>	<input type="text"/>

**Fee paid at the time of admission:**

	Amount	DD No/ RTGS UTR No	Cash Receipt No	Date
Reg. & Admission Fee :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuition Fee :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hostel Fee :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Money :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fee received at the time of admission Rs ..... vide receipt no ..... dated .....

Sign of Accountant

**Undertaking**

I am the bonafide parent/ guardian of the mentioned student. I undertake to deposit his/ her remaining documents within 21 days of admission, failing which his/ her admission may be held null & void. I will abide by the rules & procedures in all respects. I undertake not to claim, from the school (NPS), the admission fee/ tuition fee/ hostel fee paid, if my ward leaves the school after admission due to any reason. I certify that the information mentioned above in the form true & correct to the best of my knowledge.

Date:

Name & sign of Parent/ Guardian

**Remarks by Office & Principal**

Class admitted: .....

Date of Joining: .....

SR No: .....

Date: .....

Sign of Office Suptd.

Sign of Principal