



# Ratan International School

GANGA NAGAR, BULANDSHAHR

## REGISTRATION FORM

Regn. No. 151  
Dated.....

CLASS.....  
Session (20.....-20.....)

Please affix  
Passport  
Size  
photograph  
of  
student

1. Name of the Student :   
(First Name) (Last Name)

2. Gender : Male / Female

3. Date of Birth (in figures) DD   MM   YY     
(in words) : .....

4. Age by 31st of March, 20..... :

5. Father's Name

Mother's Name

6. Whether SC / ST / OBC / Gen. (please tick) Religion..... Caste.....  
(attach relevant attested certificate, if any)

7. Residential Address.....  
..... Tel : ..... Mobile.....

8. Distance from School..... Kms.

9. Previous Academic record of the student :

Schools' Name & Address	Class	Session	Overall (%)
(i)			
(ii)			

10. Brothers & Sisters (Nos.) :

11. Real Brother(s) / Sister(s) studying in Ratan International School, (if any)

<u>Full Name</u>	<u>Class</u>
.....	.....
.....	.....

12. Native Place : ..... District..... State.....

13. Profession of the father / Guardian : Service ( ), Business ( ), Other ( )

Nature of work.....

### FOLLOWING DOCUMENTS ARE REQUIRED ALONG WITH THE REGISTRATION FORM.

- 6 recent passport size photographs of the student.
- Photocopy of Aadhar Card of the student.
- 1 group photograph of Mother, Father and the student (6"x4" size)
- An attested photocopy of the Birth Certificate issued from Nagar Palika / Competent Authority (only for Nur, KG & Ist).
- Photocopy of Parents' Educational Qualification (last attended) (only for Nur, KG & Ist).
- In case of sibling, photocopy of I.Card of the sibling(s) studying in the school.
- Photocopy of Report Card of last class.

14. Office Address.....  
 .....Tel.....Mobile.....
15. If Mother is in service, state the designation and office address.....  
 .....Tel.....Mobile.....
16. Father's Educational Qualification.....  
 Mother's Educational Qualification.....

17. Real brother(s)/sister (s) studying in other schools (if any) :

	<u>Full Name</u>	<u>Class</u>	<u>School's Name</u>
(i)	.....	.....	.....
(ii)	.....	.....	.....
(iii)	.....	.....	.....

18. Games / Sport / Cultural Activities in which he/she is proficient.....
19. Details of achievement in above.....
20. Medical history of the child (if any).....
21. \*Are you interested to opt the school conveyance facility for your ward ? Yes / No .....  
 If yes, then mention the Pickup / Drop Spot.....

22. I.....F/o / M/o.....  
 certify that the above information is correct to the best of my knowledge and belief and that nothing has been concealed. I understand that registration of the child does not mean admission in the school and admission of the child will be at the sole discretion of the school and I will not question the modalities of the admission procedure.

Signature of Parent/Guardian

Name & Relationship.....

\* Conveyance facility is available at the discretion of the school only.  
 Note : Prospectus with Registration form will neither be refundable nor transferable.



# Ratan International School

GANGA NAGAR, BULANDSHAHR | M. 8864844417, 9389960085  
 151

Please affix  
 Passport  
 Size  
 photograph  
 of student

Regn. No. .... REGISTRATION SLIP Date.....

Name of the student.....S/o / D/o .....  
 registered for admission in class.....for the session.....  
 Date of School Visit / Meeting / Entrance Test .....at School  
 Time (from).....to.....

Auth. Signatory