



## VIDYA SANSKAR

UTSAV COMPLEX, SANJEEVANI GALI, MAIN ROAD SHASTRINAGAR, MUNGER-811201

Phone: 06344-224232

Mobile: +91-9525864900.

Web: www.vidyasanskar.net

Email: enquiry@vidyasanskar.net,  
director@vidyasanskar.net

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**Admission Form: PRE-NURSERY SESSION**\_\_\_\_\_

Form no : \_\_\_\_\_

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

AFFIX A RECENT  
PASSPORT SIZE  
PHOTOGRAPH

**PARTICULARS OF THE STUDENT:**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

BIRTH DATE : DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ SEX: MALE  FEMALE

**PARTICULARS OF THE PARENTS:**

FATHER'S NAME : \_\_\_\_\_

MOTHER'S NAME : \_\_\_\_\_

FATHER'S OCCUPATION : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TEL : (O) \_\_\_\_\_ (R) \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S OCCUPATION : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TEL : (O) \_\_\_\_\_ (R) \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL : \_\_\_\_\_ Category : Gen/ SC / ST / OBC

**OTHER PARTICULARS:**

WHETHER IMMUNIZATION OF THE CHILD UP TO DATE: YES  NO

ALLERGIES: \_\_\_\_\_

ANY CHRONIC ILLNESS OR SPECIAL ATTENTION REQUIRED: \_\_\_\_\_

PREFERRED SHIFT : SHIFT A / SHIFT B

**Declaration:**

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree that mis-representation or omission of facts may result in denial/cancellation of admission or expulsion. I agree to abide by the rules and regulations of the school.

Date: .....

Signature of Father/ Guardian

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**Enclosures:** • Copy of the Birth Certificate of the child • Copy of immunization card • Two recent passport size photographs • Two recent stamp size photographs

FORM NO :  
NAME OF STUDENT :  
FATHER'S NAME :

**FOR SCHOOL USE ONLY:**

Admission Granted : Yes/No

Principal/Director.

**Checklist:**

Birth Certificate	
Immunization card	
Photographs –passport size	
Photographs –stamp size	
Admission Fees	

Admission Number.....

Class: ..... Section: .....

House Allotted: ..... Shift Allotted.....

Date: .....

Signature of Admission Officer