

THE
PREMIUM
CBSE
SCHOOL



ACKNOWLEDGEMENT
RECEIPT

PCS

Pkt. B-5, Sector-8, Rohini,
Delhi-110085
011-27942442, 27942443
prestige_convent@yahoo.com
www.prestigeconventschool.in



SCAN IT

CERTIFICATE FROM PARENTS

- Incomplete registration form will be rejected without any communication.
- I/we hereby certify that all the information given is correct to the best of my/our knowledge.
- I, _____ father / mother / guardian
of _____ hereby declare that the information given
by me is based on facts and authentic records. Admission of my child may be cancelled
if any information is found to be false.

REGISTRATION DOES NOT GUARANTEE ADMISSION.

DATE

D	D	M	M	Y	Y	Y	Y
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FATHER'S / GUARDIAN'S SIGN

MOTHER'S / GUARDIAN'S SIGN

Registration No _____

PRESTIGE
CONVENT
SCHOOL



REGISTRATION FORM

SESSION 20 _____ - 20 _____

NAME _____

CLASS _____



SCAN IT

CANDIDATE'S DETAILS

NAME (IN BLOCK LETTERS)

CATEGORY (PLEASE TICK)

SC

ST

OBC

GEN

MINORITY

GENDER (PLEASE TICK)

MALE

FEMALE

IF MINORITY, PLEASE SPECIFY

DATE OF BRITH (DD/MM/YYYY)

DATE OF BIRTH (in words)

AGE AS ON 31/03/20 YEARS MONTHS DAYS

PLACE OF BIRTH

PRESENT SCHOOL

AADHAAR NO.

CANDIDATE'S PHOTOGRAPH
35MM x 45MM

DETAILS OF CANDIDATE'S FATHER

NAME (IN BLOCK LETTERS)

ACADEMIC QUALIFICATION

OCCUPATION

SERVICE

BUSINESS

PROFESSIONAL

OTHERS

DESIGNATION

NAME OF THE ORGANISATION

FATHER'S PHOTOGRAPH
35MM x 45MM

OFFICE ADDRESS

OFFICE CONTACT No. PERSONAL CONTACT No

EMAIL IDENTITY

DETAILS OF CANDIDATE'S MOTHER

NAME (IN BLOCK LETTERS)

ACADEMIC QUALIFICATION

OCCUPATION

SERVICE

BUSINESS

PROFESSIONAL

OTHERS

DESIGNATION

NAME OF THE ORGANISATION

OFFICE ADDRESS

OFFICE CONTACT No. PERSONAL CONTACT No

EMAIL IDENTITY

MOTHER'S PHOTOGRAPH
35MM x 45MM

DETAILS OF CANDIDATE'S GUARDIAN

NAME (IN BLOCK LETTERS)

RELATION WITH CHILD

ACADEMIC QUALIFICATION

OCCUPATION

SERVICE

BUSINESS

PROFESSIONAL

OTHERS

DESIGNATION

NAME OF THE ORGANISATION

OFFICE ADDRESS

OFFICE CONTACT No. PERSONAL CONTACT No

EMAIL IDENTITY

GUARDIAN'S PHOTOGRAPH
35MM x 45MM

ADDRESS

RESIDENTIAL ADDRESS

PIN CODE

DISTANCE FROM SCHOOL IN K.M.

MEDICAL INFORMATION

DOES THE CANDIDATE HAVE SOME SPECIAL NEEDS?- IF YES, GIVE DETAILS AND ATTACH SUPPORTIVE DOCUMENTS.

INFORMATION ABOUT SIBLINGS (REAL BROTHER & SISTER)

NAME AGE CLASS SCHOOL

NAME AGE CLASS SCHOOL

WOULD YOU LIKE TO AVAIL SCHOOL TRANSPORT FACILITY?

YES

NO

DECLARATION

I am submitting the following documents :

1. Self Attested copy of the Birth Certificate issued by the Municipal Corporation

2. Self Attested copy of the Residence Proof

3. Self Attested copy of the Aadhaar cards (Child, Father, Mother)

4. Self Attested copy of the last year Progress Report (If applicable)

5. Medical fitness certificate

6. Transfer certificate of the school last attended.(Class II onwards)

Name:

Relationship with the ward:

(Signature of Father / Mother / Guardian)

REGISTRATION NUMBER

CANDIDATE'S NAME (IN BLOCK LETTERS)

S/o / D/o (IN BLOCK LETTERS)

APPLIED FOR CLASS

PLEASE SUBMIT THE FOLLOWING DOCUMENTS

☐ SELF ATTESTED COPY OF BIRTH CERTIFICATE

☐ SELF ATTESTED COPY OF RESIDENCE PROOF

☐ SELF ATTESTED COPY OF AADHAAR CARDS (FATHER, MOTHER, CHILD)

☐ SELF ATTESTED COPY OF THE LAST YEAR PROGRESS REPORT (IF APPLICABLE)

☐ MEDICAL FITNESS CERTIFICATE

☐ TRANSFER CERTIFICATE OF THE SCHOOL LAST ATTENDED. (Class II onwards)