

(TO BE FILLED IN BY PARENTS ONLY)
NEO CONVENT SR. SEC. SCHOOL
G-17, AREA, PASCHIM VIHAR, NEW DELHI-63
Our Website : www.neoconventschool.com

REGISTRATION FORM FOR NURSERY / BALVATIKA I
SESSION 2026-27
(TO BE FILLED IN OWN HANDWRITING BY PARENTS)

Paste photo
of the child

Reg. No _____
(To be filled by the School)

Registration for Class **NURSERY / BALVATIKA I**

- 1.* Name of the Student (in block letters) _____
- 2.* Date of Birth **(Between 01.04.2022 to 31.03.2023)**
(According to 2025-26 guideline for implementation of Uniform Age under NEP 2020)

Date		Month		Year			

(In words _____)

- 3.* Sex: Male ☐ Female ☐ Transgender ☐

(Please tick the appropriate one)

4. Student's Aadhar No. _____ (12 digit)

5. Class for which admission sought **NURSERY / BALVATIKA I**

6. Details of previous school attended by the child if any:

School: _____

Year of joining _____

Year of leaving _____

- 7.* Father's/Guardian's Name (In block letters) _____

In Govt/Pvt. Service /Self employed/Unemployed _____

Profession/Designation _____

If In Service Job Transferable or not _____

Serving in Defense/Para military Services _____

Office Address if any: _____

Father's Qualification : _____

Annual Income : _____

Residential Address: _____

Tel. No. [Residence] _____ Office Tel. No. _____

Mobile No. _____

Father's Aadhar No. _____ (12 digit)

E-mail _____

Category – General/SC/ST/OBC) – Attach proof.

(Required by UDISE)

8. * Mother's Name (In block letters) _____

In Govt/Pvt. Service/Self employed /Unemployed _____

Profession/Designation _____

If In Service Job Transferable or not _____

Serving in Defense/Para military Services _____

Office Address if any: _____

Mother's Qualification : _____

Annual Income : _____

Residential Address: _____

Tel. No. [Residence] _____ Office Tel. No. _____

Mobile No. _____

Mother's Aadhar No. _____ (12 digit)

9. Place of Residence- Govt./Govt. approved colony as per master plan/others
[Tick the appropriate]

10. Are you in a position to provide safe transportation to the student
to and from the school? Yes / No

11. * Medical information: Is the child suffering from any _____ serious/chronic
disease/disability, (CWSN Child) Yes / No
(Admission will be subject to submission of medical fitness
certificate by a Registered Medical Practitioner)
(If the child is CWSN - Child With Special Needs
please specify and provide copies of medical record)
Blood Group _____

12. * Religious/Linguistic Minority _____
[Please specify Minority]

13. * Sibling (Real brother/Sister only)
No. of brothers/sisters _____ brothers/ _____ sisters
If sibling in the **Same School** Sibling Name _____
Give Details of siblings Class /Sec. _____

14. School Alumni [Tick the appropriate] Father Yes No
(Only Class XII pass outs)
(If yes tick the appropriate) Mother Yes No

15. Record of parents providing services towards betterment of society.

(Use a separate sheet if required)

16. Perspective towards School & School education

(Use a separate sheet if required)

Please register my son/daughter/ward named above in your school, I shall produce the original requisite documents at the time of admission.

Signature of Father _____ Signature of Mother _____

Please enclose Self Attested Photocopies of the applicable documents. Original will be checked at the time of admission.

Incomplete form will be rejected.

1. Birth Certificate of the child issued by M.C.D/appropriate authority.
2. Aadhar Card of the child
3. Certificate of previous school (if applicable)
4. Residential Proof.
5. If child is suffering from any chronic disease/disability then attach a copy of records.
6. Proof of being a member of Religious/Linguistic Minority
7. Proof of being an Alumni of school –class XII certificate only
8. Proof of being a single parent (if applicable).
9. Proof of profession
10. Proof of record of parents providing services towards betterment of society.

Fields marked with * are **Mandatory**.

The School reserves the right to reject forms if found incomplete, illegible, overwritten, soiled or torn, or with wrong information.

UNDERTAKING

I _____ (Name) Father/Mother of

_____ (Name of the Child) hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward may be cancelled. In the event of our child being granted admission in the school, I/we guarantee to pay the fees as charged by the school during the year/s.

Paste photo
of the Father

Paste photo
of the Mother

Signature of Father _____

Signature of Mother _____

Dated :

Our Website:

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