**REGISTRATION FORM** **Registration Charges: Rs.:200.**

**(SUBMIT TO SCHOOL OFFICE AT THE TIME OF SUBMISSION IN SCHOOL)**



|  |
| --- |
| **For Office Use Only** |
| **Registration No………………Area…………**  **Receipt No…………….Dated………….**  **Registration Fee Rs………………**  **Class……………….**  **Medium for……………………………………** |
|  |

Tagore International Public School

(Goyt Recognized)

Gali No. 6, Sangam Vihar Wazirabad, Delhi-11084

Phone: 9999035115, 901337207 27613550,

**( Registration is No guarantee for admission and No charges will be refunded once paid. )**

S.NO……………….Registration No………..Class/Medium for registration………………………………………………….

PASTE

PHOTO P.P.SIZE OF YOUR WARD HERE

1. Name of the student…………………………………………………………………………………………………………………………..

2. Date of birth……………………………………………………………………………………………………………………………………….

(Note:- Date of birth will be counted on 31st March of the acadmic year)

3. Mother tongue……………………………………………………………………………………………………………………………………

4. Father's/Guardian's name……………………………………………………………………………………………………………………

5. Occupation of Father

(Incase of service) i- Designation/Post……………………………………………………………………………………….…………….

ii-Department……………………………………………………………………………………..……………………….

iii-Office Address with Phone No**……………………………………………………………………………….**

………………………………………………………………………………………………………………………………………………………….………………………………

(Incase of Business) Nature of Business………………………………………………………………………

Office Address with phone No…………………………………………………………………

6. Monthly income……………………………………………… 13. When started walking (age)……………............

7. Educational Qualification

Father…………….Mother…………………………………… 14. When started speaking(age)……………………………………………………………...……

8. Last school attended……………………………………… 15. When child get Control over

(If No write 'Fresh') urine ………Yrs. And toilet………………… Yrs. …………………………….……….…

16. Number of real brother &sister……………………………………………………....……….

9. Conveyance required (Y/N)………………………… 17. Rank of the student among his Brothers & sister………………………………….……

10. Distance from the school………………………… 18.Residential status(House owner/ Tenant)……………………………………….…………

11. Place of birth(house/Hospital)…………………

12. Weight at the time of birth……………………… 19. Phone No./Contact No.

Office……………….. Resi……………………………………………………..……..

20. Others……………………………………………………………………………...………….

Date & time for Interview/test………………………………………………………………………………………………………………………………………………………………………………**)**

**PRINCIPAL(T I P S)**

………………………………………………………………………………………………………………………………………………………………………………………………………

**SESSION-2014-15**



INTERVIEW MEMO

Tagore International Public School Reg. charges: Rs.200

(Std.Secondary)

(Contact No:9013337207 ,9999035115, 01127613550)

Gali No. 6, Sangam Vihar, Wazirabad Delhi-11084

( Registration is No guarantee for admission and No charges will be refunded.once paid.)

Name of the student……………………………………Class & Medium for registration……………………………………..………………………………..…………………………

Father's Guardian's Name……………………………………………………………………………………………………………………………………………….…………………………………

Date………………………………Time………………………………………………………………………………………………………………………………………………..…………………………

……….………… ………………………………… (INCHARGE) **PRINCIPAL**  (T I P S )

**Documents Required**: 1--Birth certificate/T.C. counter signed by E.O./ Affadavit ,2-. Two (2) passport size photo . 3-. Address proof/Adhar card etc.