



# SILVERLINE PRESTIGE SCHOOL

BRITISH  
COUNCIL

International  
Dimension in Schools  
2020-23

## DATA FORM

FOR OFFICE USE ONLY / केवल कार्यालय के प्रयोग हेतु

Sr. No. / क्र० सं० \_\_\_\_\_

Application for enrolment in Session/सत्र में पंजीकरण हेतु \_\_\_\_\_ Dt./दि. \_\_\_\_\_

Registration for class/कक्षा में पंजीकरण \_\_\_\_\_ Registration No. / पंजीकरण संख्या \_\_\_\_\_

Category / श्रेणी \_\_\_\_\_

Sibling in School Y/N / भाई/बहिन \_\_\_\_\_ Sibling Admn. No. / भाई/बहिन प्रवेश सं० \_\_\_\_\_

ADMN. DATE / प्रवेश दि० \_\_\_\_\_ ADMN. No. / प्रवेश सं० \_\_\_\_\_ / \_\_\_\_\_  
YEAR / वर्ष NUMBER / क्र०सं०

RECENT PHOTOGRAPH  
OF CHILD

विद्यार्थी का नवीनतम फोटो

TO BE FILLED BY THE PARENT / अभिभावक के द्वारा भरा जाए

Personal Details of Child / विद्यार्थी की व्यक्तिगत जानकारी

REGISTRATION FOR CLASS / कक्षा जिसमें प्रवेश चाहिए \_\_\_\_\_

### FOR CLASS XI ONLY

STREAM APPLIED FOR \_\_\_\_\_ (Admission on the basis of : Pre-Board / Final Board Result.)

Choice for Optional Subjects 1. \_\_\_\_\_ / 2. \_\_\_\_\_

Stream taken on the basis of Pre-Board Result shall be confirmed only after getting the required % age in Board Result.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
पहला नाम मध्य नाम अंतिम नाम

Mother Tongue \_\_\_\_\_ Add. \_\_\_\_\_  
मातृ भाषा पता

Ph. \_\_\_\_\_  
दूरभाष

Birth Place / जन्म स्थान

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
जन्म दिनांक dd/दि.- mm/माह - yyyy/वर्ष शहर प्रदेश देश

Age in / आयु \_\_\_\_\_ Aadhaar No. : \_\_\_\_\_  
Years / वर्ष Month / माह

(Date of Birth in Words) / ( दिनांक शब्दों में ) \_\_\_\_\_

Sex Male/Female / लिंग पुरुष/स्त्री Nationality / राष्ट्रियता \_\_\_\_\_ Religion / धर्म \_\_\_\_\_

Category: SC  ST  OBC  PHY. CHALLENGED  EWS  SG CHILD  GENERAL   
श्रेणी अनु०जाति अनु०जनजाति ओ०बी०सी० विकलांग आर्थिक रूप से कमजोर वर्ग इकलौती कन्या सामान्य

PHOTO FATHER

पिता का फोटो

PHOTO MOTHER

माता का फोटो

FATHER'S / GUARDIAN'S DATA / पिता/अभिभावक का व्यौरा

Aadhaar No. : \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Edu. Qualification \_\_\_\_\_  
नाम आयु शैक्षिक योग्यता

Father's/Guardian's Occupation : Business / Profession / Service / पिता / अभिभावक का व्यवसाय : व्यापार / नौकरी / पेशा :

Nature of Work : \_\_\_\_\_  
कार्य का स्वरूप

Designation : \_\_\_\_\_ Annual Income \_\_\_\_\_  
पद वार्षिक आय

Office Address : \_\_\_\_\_  
कार्यालय का पता

Office Ph.No.: \_\_\_\_\_ Mob.: \_\_\_\_\_ Email-id : \_\_\_\_\_  
कार्यालय दूरभाष मोबाइल ई-मेल

MOTHER'S DATA / माता का व्यौरा

Aadhaar No. : \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Edu. Qualification \_\_\_\_\_  
नाम आयु शैक्षिक योग्यता

Mother's Occupation : Business / Profession / Service / माता का व्यवसाय : व्यापार / नौकरी / पेशा :

Nature of Work : \_\_\_\_\_  
कार्य का स्वरूप

Designation : \_\_\_\_\_ Annual Income \_\_\_\_\_  
पद वार्षिक आय

Office Address : \_\_\_\_\_  
कार्यालय का पता

Office Ph.No.: \_\_\_\_\_ Mob.: \_\_\_\_\_ Email-id : \_\_\_\_\_  
कार्यालय दूरभाष मोबाइल ई-मेल

Emergency Contact Nos. Resi. : \_\_\_\_\_ Mobile \_\_\_\_\_  
आपातकालीन दूरभाष नं० निवास मोबाइल

Family Doctor's Name, Add. & Ph. No. : \_\_\_\_\_  
पारिवारिक डॉक्टर का पता एवं दूरभाष नं०

Blood Group of the Child / बच्चे के खून का वर्ग : \_\_\_\_\_

Medical Problem if any / चिकित्सा समस्या : \_\_\_\_\_

Previous School attended by the child \_\_\_\_\_ Previous Class \_\_\_\_\_  
विद्यार्थी के पिछले विद्यालय का नाम पिछली कक्षा

Medium of Instruction \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
पढ़ाने का माध्यम छोड़ने का कारण

Has the child ever been Expelled / rusticated / not promoted to next class  Yes  No  
क्या पूर्व में विद्यार्थी निष्कासित या उन्नत किया गया है  हाँ  ना

If yes, detail reasons / यदि हाँ, तो विस्तृत जानकारी \_\_\_\_\_

Photocopies of the Documents to be deposited at the time of registration.

Name of the document	Nur-Prep	I-X	XI-XII
Birth Certificate (Approved by Municipal Corporation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Report Card of Previous Session	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T.C.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Final & Pre-Board (I-II) Marksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Migration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pass Certificate of CBSE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SC / ST / OBC Certificate (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

• Report card required for last three years (Class IV onwards)

भाई / बहिन की संख्या (सगे) / No. of Brothers / Sisters (Real)

Name \_\_\_\_\_ Age \_\_\_\_\_  School Attended/Attending \_\_\_\_\_  
नाम आयु विद्यालय जहाँ पढ़ चुके हो/पढ़ रहे हो (Name of the School)

Name \_\_\_\_\_ Age \_\_\_\_\_  School Attended/Attending \_\_\_\_\_  
नाम आयु विद्यालय जहाँ पढ़ चुके हो/पढ़ रहे हो (Name of the School)

Whether school **Transport** would be required / स्कूल यातायात की आवश्यकता  Yes / हाँ  No / ना

Student's special interest / विद्यार्थी की विशेष रुचि

Parent's Special Interest / माता/पिता की विशेष रुचि

Father / पिता \_\_\_\_\_

Mother / माता \_\_\_\_\_

Give two references / कोई दो परिचित

Name \_\_\_\_\_ Position & Address \_\_\_\_\_  
नाम पद एवं पता

Ph./दूरभाष \_\_\_\_\_

Name \_\_\_\_\_ Position & Address \_\_\_\_\_  
नाम पद एवं पता

Ph./दूरभाष \_\_\_\_\_

Interviewed by / साक्षात्कार : \_\_\_\_\_ Test Score / परीक्षांक : \_\_\_\_\_

Remarks / टिप्पणी : \_\_\_\_\_

# Certified that the above particulars are correct to the best of our (parent/guardian) knowledge.

We understand that the school (school means the staff, administrative authorities and the management) takes every care to look after the children. However, in the unlikely event of any mishap or injury to our child enroute to and from the school, inside or outside the school or in the case of an excursion, function or any other school sponsored activity, we shall keep the school and everyone associated with the school fully indemnified against any claim whatsoever.

We hereby authorise the school to take any prompt measures in case of medical emergency pertaining to our child.

We undertake to co-operate in all school activities and shall not oppose, criticise or cause any interference.

We hereby agree to honour the decision taken by the authorities and management against any indiscipline and objectionable behaviour from our ward.

We undertake to adhere to the transport timing as prescribed by the school and shall not cause it to be delayed due to our child not being ready in time.

In event of any disagreement we undertake to bring it to the notice of concerned authorities and not indulge in direct intimidation of the school staff.

We understand that all fee is non-refundable and promise to pay tuition fee and dues regularly for the twelve calendar months within the stipulated time. (else the withdrawal of the ward is intimated well in advance). The school management has the authority to strike off the student's name without prior notice, if fee is not deposited within 3 months.

We understand that all fee and allowances are subject to revision and we hereby agree to pay the same.

Please admit our child to your school. We hereby agree to abide by the rules and regulations of the institution, which are mentioned above.

@ PS. Between # - @ the words 'we & our' mean and please be read as parent/guardian.

Note : 1. This data form contains no charges. This is only for student's record.

2. Kindly deposit the form duly filled within a week.

### DECLARATION BY THE PARENTS / माता पिता द्वारा घोषणा

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief.

मैं एतद्द्वारा घोषणा करता / करती हूँ कि मेरे द्वारा दी गयी उपर्युक्त सूचना मेरी जानकारी में सत्य व सही है।

I shall abide by the rules of the School / मैं विद्यालय के नियमों से प्रतिबद्ध रहूँगा / रहूँगी।

Date / दिनांक :

Signature of Parents / Guardians / माता-पिता / अभिभावक के हस्ताक्षर

### FOR THE OFFICE USE ONLY / केवल कार्यालय प्रयोग हेतु

Admitted to Class \_\_\_\_\_ Section \_\_\_\_\_ Fee Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_ issue  
जिस कक्षा में प्रवेश दिया वर्ग फीस रसीद नं० दिनांक जारी

Details of Amount received : Admission Fee / प्रवेश शुल्क (₹) \_\_\_\_\_

प्राप्त धनराशि का विवरण :

Tuition Fee / शिक्षा शुल्क (₹) \_\_\_\_\_

Any other Fee / अन्य शुल्क (₹) \_\_\_\_\_

Computer Fee / कम्प्यूटर शुल्क (₹) \_\_\_\_\_

**Total / कुल योग (₹) \_\_\_\_\_**

Certified that all the entries have been made in the Scholar's Register and the dues have been received.

प्रमाणित किया जाता है कि समस्त प्रवृष्टियाँ छात्र पंजिका में दर्ज की गई एवं शुल्क का भुगतान इस कार्यालय द्वारा प्राप्त किया गया।

Registration No. of the student in Admission Withdrawal Register is \_\_\_\_\_

विद्यार्थी की छात्र पंजीयन संख्या (ए० डब्लू० आर०)

Please Admit to Class \_\_\_\_\_ Section \_\_\_\_\_ after checking the relevant papers and realise the dues.

संबद्ध कागजातों के निरीक्षणोपरान्त एवम् शुल्क प्राप्तोपरान्त कृपया कक्षा \_\_\_\_\_ वर्ग \_\_\_\_\_ में प्रवेश दें।

Date / दिनांक :

DIRECTOR PRINCIPAL / संचालिका प्रधानाचार्या

A-2/1, BULANDSHAHR ROAD INDL. AREA, GHAZIABAD - 201002 (U. P.)

Phone : 0120-4234288 - 92 Fax : 2701636

E-mail : slps@silverlineprestigeschool.com Website : www.silverlineprestigeschool.com