



Estd. 1999

SAUPIN'S SCHOOL

SMART SCHOOL

PANCHKULA

 Reception | Accounts | Transport
 98555-12798 | 85579-93798 | 99159-30687

Sr. No.....

(Affiliated to the Council for the Indian School Certificate Examination, New Delhi)

DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

Please ensure that all documents (where applicable) are legible and are attested by a Notary Officer / Self Attested

a) Birth Certificate :

(I) Birth certificate of the child with Child's Name issued in accordance with the provisions of the Births and Deaths Act, 1969

b) Aadhaar Card

c) Bank A/c No. of Child (For Classes I to X)

d) Proof of Current Residence : (Any two of the following with the present residential address):

(If the parents are living in two separate accommodations, proofs of both residences are to be submitted)

- | | |
|-----------------------------|--|
| (i) Valid Passport | (ii) Valid Driving License |
| (iii) Voter's ID Card | (iv) Photo Ration Card |
| (v) Latest Electricity Bill | (vi) Latest Water Bill |
| (vii) Valid Rent Deed | (viii) Latest BSNL Landline Telephone Bill |

e) Schedule Caste / Other Backward Class / EWS

Kindly note : This is for our information only

- (I) SC/ST/OBC Certificate of the father issued by the appropriate authority.
 (ii) SC/ST/OBC Certificate of the child issued by the appropriate authority.
 (iii) BPL - BPL Card and Income Proof

f) Single Parent : Suitable supporting documentation Indicating custody of the child

by the applicant e.g. Divorce papers/court order/death certificate etc.

g) Is the Child Foreign Passport Holder, If yes, please attach the attested copies of

- a) Valid Visa b) Valid Passport/PIO Card/OCI Card

h) Children who are **Divyang** and can be mainstreamed : Authenticated Recent Documents - Medical Documents and Disability Certificate from Govt. Hospital/ MBBS Doctor.

i) **Passport Size Photographs : 2 (Latest) with child's name and present date printed on it**

j) **Report Card of Previous Class Attended.**

k) **Transfer Certificate from Previous School.**

l) **All medical reports to be submitted incase of any medical problem.(Compulsory)**

NOTE :

- a) All forms submitted along with the accompanying documents and photographs shall become the property of the school and will not be returned.
 b) Contact numbers/E-mail Ids given must be valid and working. In the eventuality that the school is unable to reach you at the number(s) given, the school will not be held responsible for the consequences.
 c) Parents of students seeking admission to Saupin's School must submit the school copy of this form duly completed, at the school office between 09.00 am to 12.00 noon, without any enclosures/letters of recommendations etc. (within 7 working days).
 d) Incomplete forms, or those filled with wrong information, may be rejected sooner/ later.
 e) The registration fee does not guarantee admission. Parents are requested to clarify any doubt before making payment. Admission will be given purely on the basis of merit.
 f) All fees are non-refundable once paid.

Download our App "SCHOOLPAD"



saupinsschoolpkl@gmail.com

www.saupinsschoolpkl.com

saupinsschoolpklacct@gmail.com



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Please fill in the form in BLOCK LETTERS

APPLICANT'S DETAILS (Please leave one box blank between each word)

Name

Gender : M / F Date of Birth

Age on 01.04.20 YEARS MONTHS DAYS

Religion

Whether Gen / SC / OBC / BC-A / BC-B (Circle anyone)

Class for which admission sought :

Aadhaar Card No. of the child Blood Group of the child

Current Home Address

Phone Mobile Whatsapp No.

Permanent Address

Whether transport facility required :.....(Yes/No)

School attended previously (Complete address) :.....

.....Class.....

MIS SRN No. from previous School (Classes I to X)

Tel. No of Previous SchoolE-mail of Previous School :

Language Spoken at home :

Is your Son/Daughter the only Child Yes No

If No, have you any other child/children already studying in Saupin's School/Other Schools? If so,

Name(s) Class, Section & Adm. No. Name of the School

1.....

2.....

3. Non-School going : NA Yes No If yes, No. of Brother(s) Sister(s)

Is your Son/Daughter suffering from any ailment / allergy Yes No If yes give details

Is your Son/Daughter differently abled Yes No If yes give detail

- 1) The admission is provisional till all the medical records provided by govt. hospital / MBBS Doctors are submitted.
- 2) Any change in the medical condition of the child should be dealt by the parent and will not be school's responsibility.

Proficiency of Applicant in Games/Co-curricular Activities / Any other Achievements

.....

Any other Information about the applicant that you would like to give.

.....

Father's Signature

Mother's Signature



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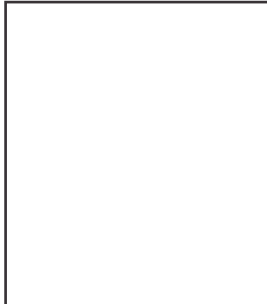
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Sr. No.....

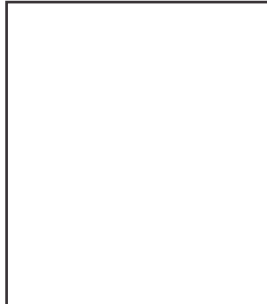
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PARENT'S DETAILS



FATHER'S PHOTO



MOTHER'S PHOTO



GUARDIAN'S PHOTO (if any)

FATHER'S DETAILS	MOTHER'S DETAILS
Name in Full :	Name in Full :
Educational Qualification :	Educational Qualification :
Occupation / Business :	Occupation / Business :
Designation :	Designation :
Office / Business Address :	Office / Business Address :
.....Tel. :Tel. :
Pan No.....	Pan No.....
Aadhaar No.	Aadhaar No.
Home Address :	Home Address :
Tel. : Mob. :	Tel. : Mob. :
E-mail :	E-mail :
Annual Income	Annual Income
Date of Birth	Date of Birth
Date of Anniversary.....	

GUARDIAN'S DETAILS (IF ANY)

Name in Full :

Occupation / Business :

Designation :

Office / Business Address :

.....Tel. :

Home Address :

Tel. : Mob. :

E-mail :

Relationship

Father's Signature

Mother's Signature

Online

Session 202.....- 202.....

Total Pages 4

Page No. 4



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DECLARATION BY THE PARENTS/GUARDIAN

- I/We hereby declare that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, my/our child/ward Name _____ shall be automatically debarred from the selection/admission process without any intimation in this regard.
- I/We accept the process of admission undertaken by the school and acknowledge the school's right to deny admission to the children/wards of persons working against the interests of the school/management.
- I/We know that this school is a private unaided institution. I/We also understand that the application/registration/short listing does not guarantee admission to my child/ward. I/We will abide by the school decision taken by the school authorities. No claim in this regard will be entertained at a later stage for any mistake made by me/us. We also accept that if we are unable to pay our child/ward's fee, we will withdraw him/her from the school and will not seek a concession as we understand that the school already shoulders the expenses for the EWS children enrolled in the school.
- All rules as provided to us with the admission form are acknowledged and agreed by us. No Part of the fees deposited will be refunded for any reason.

Father's Signature

Mother's Signature

Guardian's Signature (if any)