

Registration Form BRILLIANTS' CONVENT



Senior Secondary Recognised & Affiliated to CBSE West Enclave, Pitampura, Delhi-110034

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Reg. No. BCS/2024-25/____

	Academic Session 2	<u> 2024-25</u>			
Child	Father	Mother			
KINDLY FILL THE C	OMPLETE FORM IN CAPITA	L LETTERS ONLY			
Class to which admission	is sought	·			
Details of Student:-					
1. Name :		Aadhar No			
2. Gender : Male	Female Any other				
3. D.O.B : Date	Month Year				
In words					
4. Details of Parent:-					
Details	Mother	Father/ Guardian			
Name					
Educational Qualification					
Residential Address					
Phone Number					
E-mail					
Occupation					
Office Address					
Annual Income					
Aadhar Number					
5. Category: (Attach prod		ST OBC EWS			
6. Specially abled child	Yes No				
7. Medical Information :	Does the child have some special nee	ds?			
If Yes, give details					
8. Class last attended					

9. Name & Add	ress of the last school	attended							
10. Details of sib	lings (if any) (Real bro	ther / sister	only)		•••••				
(Tick the appr	opriate) Yes]	No						
If sibling study	ying in the same schoo	l give	Sibling Na	me					
details			Class / Se	c					
Declaration by Parent									
1. I hereby solemnly declare that all the statement made in the above form and documents attached are true to the best of my knowledge and belief . I fully understand that in event of any information being found false or incorrect , registration and admission of my ward may be cancelled without any further notice or discussion .									
	and that the Registrat submit all the required	-	_	•		•	r d . I		
-	ccept the process of ad authority which shall t		-		will abide by	y the deci	sion		
Date//	/Signature	of Father		Signature of	Mother		_		
Place	Name of	Father		Name of I	Mother				
		Enclo	<u>sures</u>						
(Please Tick the submitted Documents)									
1. Recent coloured passport size photograph of the child, mother & father duly pasted on the form.									
2. Self attested photocopy of Date of Birth certificate of the child .									
·	Attested Residence proof and photo ID proof of the parent, Aadhaar card of parent and CHILD, voter Id card of parents.								
Applicable) 5. Attested cop									
	ment (if applicable)								
7. Photostat copy of the Report Card issued by the previous school (if applicable) B. Medical fitness of the child by a qualified registered doctor.									
	s are mandatory at th	_		•			Ш		
FOR OFFICE USE ONLY									
CHECKLIST		TON OTTICE	OSE ONE	<u>L</u>					
D.O.B Aadhar of Certificate	Student, Father, Mother	Residence Proof	T.C	Medical Certificate	Sibling Proof	Alumni Proof			
Date of receiving	g//								
Signatures									
					Points secured				
Receiver	Admission In-	-charge		Principal	Total Po	ints	100		