**Form No.** _____

**Date of Issuing Form** _____

# TAGORE PUBLIC SCHOOL

(RECOGNISED AND AFFILIATED TO C.B.S.E.)
D- BLOCK, NARAINA VIHAR, NEW DELHI - 110028 Phone: 01145044091, 01140078486

## BAL VATIKA I (NURSERY)

## REGISTRATION FORM

## SESSION – 2027-2028

(Issue of Registration form does not guarantee admission)

**Registration No.**: _____

### IMPORTANT INSTRUCTIONS

- Fill the complete form in BLOCK LETTERS using a blue ball-point pen.
- Form with Cutting & Overwriting will not be accepted.
- Completed Forms must be submitted at the School Reception **from Tuesday, 1st December 2026 to Monday to 28th December 2026 between 8:30 a.m. and 1:30 p.m.**

Affix Recent Passport Size Photograph with name and date

**1**. Full Name of the Child:_____ **2**. Gender: Male ☐ Female ☐

**3**. Date of Birth (in figures): _____

Date of Birth (in words):_____

**4**. Age as on 31st March, 2027 _____ Years _____ Months _____ Days

**5**. Aadhar Card Number of the Child:_____

**6**. Any brother/ sister studying in this school: Yes ☐ No ☐

If yes, Name _____ Class _____

**7**. Residential Address_____

_____

_____

**8**. Approximate Distance from School: Less than 1 km ☐ Between 1-3 kms ☐

Between 3-6 kms ☐ More than 6 kms ☐

**9**. Any other **Important Information/ Medical history** of the child_____

_____

_____

# DETAILS OF PARENTS

| | | Father | Mother |
|---|---|---|---|
| Name | : | _____ | _____ |
| Educational Qualification | : | _____ | _____ |
| Occupation | : | _____ | _____ |
| Designation | : | _____ | _____ |
| Organization Name | : | _____ | _____ |
| Office Address | : | _____ | _____ |
| | : | _____ | _____ |
| Mobile No. | : | _____ | _____ |
| E mail ID | : | _____ | _____ |
| Aadhar Number | : | _____ | _____ |
| Whether Alumni | : | _____ | _____ |

## DECLARATION BY PARENT

We understand that the submission of **Registration Form does not** guarantee admission. It will depend on the availability of seats and will be as per the guidelines of Directorate of Education.

We also certify that the particulars filled above are correct. We agree that the admission of our ward, **if granted,** will be cancelled if any of the information filled by us is found to be false / incorrect.

**Signature of Father**: _____

Date: _____ **Signature of Mother**: _____

**Registration Fee: Rs 25/ - (Mode of payment: Cash / Online)** **Online Reference Number: _____**

**Date of Submission_____** **Signature of Office Incharge_____**

**NOTE:** Kindly attach the **self-attested photocopy with date** of the following documents:

- **Date of Birth Certificate of the child**
- **Residence Proof** (Aadhar Card /Voter I-Card / Ration Card issued name of parents/ Utility Bill)
- **Proof of Parent Alumni (if applying under Parent Alumni Category-** School Mark Sheet**)**