Affiliation No. : 3530230, School Code - 81457

Ph. : 09997233885, 8445372750
E-mail- ntispainula@gmail.com

New Tehri International School

(A SENIOR SECONDARY SCHOOL) Affiliated to C.B.S.E. New Delhi

Painula (Tehri Garhwal) 249001, Uttarakhand

ADMISSION FORM

NURSERY TO Std. XII

Please Affix Passport size photo of the candidate

Registration for Class _____ Year _____

1. Name of the Candidate (in Block Letters) _____
2. Date of birth ☐☐ ☐☐ ☐☐☐☐ Religion _____
3. Place of birth _____ Nationality _____
4. Father's Name _____ Profession _____
5. Mother's Name _____ Profession if any _____
6. Aadhar Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
7. Apaar ID ☐☐☐☐☐☐☐☐☐☐☐☐
8. PEN No. ☐☐☐☐☐☐☐☐☐☐☐☐
9. Annual Salary _____
10. Category- ☐ General ☐ OBC ☐ ST'S ☐ SC'S
11. Full Correspondence Address _____

    (in block letters with pin code) _____ Ph. No. _____
12. Permanent Address _____

    (in block letters with pin code) _____ Ph. No. _____
13. Whether any brother/sister of the candidate was/is studying in school _____

    _____

    if yes, give name and class no. _____
14. Whether the candidate is suffering from any chronic disease or illness.
15. State if any _____

    a) Name of the school where studying at present _____

    b) Present class & school term _____

    c) Recognized or not _____
16. Copy of latest progress of the child (submitted/not submitted)

Note :- No reduction if fee shall made on account for broken periods or if the session ceases before time due to unavoidable circumstances of if the child is irregular for a continuous period.

I here by declared that the information furnished above is true to the best of my knowledge and belief and no facts have been concealed and the date of birth and spelling of the name of my child/ward are correct and I shall not make any request for change.

I also agree to abide the rules laid down by the school from time to time.

I shall not hold school resposible for any untoward incident during a field trips/outing.

I authorize the school for any emergency medical treatment deemed advisable by licensed physician if I cannot reach. I will be responsible for the medical bills incurred.

Date:

Signature of Parent/Guardian