



**REGISTRATION FORM (2025-26)**

Form No.: PRP/25-26/W....

# BANASTHALI PUBLIC SCHOOL

G-BLOCK, VIKAS PURI, NEW DELHI -18, Phone No.:011-28543824

Website: [www.banasthalipublicschool.com](http://www.banasthalipublicschool.com)

Affix  
Coloured  
Photograph  
of  
**MOTHER**

Affix  
Coloured  
Photograph  
of  
**FATHER**

Affix  
Coloured  
Photograph  
of  
**GUARDIAN**  
(If Applicable)

Affix  
Coloured  
Photograph  
of  
**CHILD**

**KINDLY FILL THE FORM IN BLOCK LETTERS ONLY, ALL FIELDS ARE MANDATORY**

Seeking Admission in Class: **PREP**

Date: ...../...../202.....

Student's Name: ..... Student's Aadhaar No.: .....

Date of Birth\*: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] (DD/MM/YYYY)

Age as on 31st March 2025: [ ] [ ] Years [ ] [ ] Month(s) [ ] [ ] Days(s)

Category (Gen./SC/ST/OBC) \*: ....., Nationality: ....., Gender (M/F/T): .....

Religion (Hindu/Muslim/Sikh/Christian/Jain/Parsi/Buddhist): ....., Minority (Yes/No) \*: .....

PARTICULARS	FATHER	MOTHER
Name		
Academic Qualification		
Occupation & Designation		
Annual Income		
Office Address		
Mobile No.		
Email Id		
Aadhar No.		

Present Address\*: .....

Distance from Residence to School \*: ..... (in K.M., To meet distance criteria, it is compulsory to submit the printout from google map (<https://maps.google.co.in>), showing the distance between parent's residence and main gate of the school)

Name of the School last Attended: ....., Prev. Class: .....

Address of the last School: .....

School Transport Facility Required:  YES  NO, Bus Stop (If Yes): .....

Mention Disease (Epilepsy/Diabetic/Asthmatic/Any Other) / Allergy (if any) child is suffering from: .....

Is child PWD (Person with Disability) (Yes/No)\*: ....., Is Adopted Child\* (Y/N): .....

Are you a single Parent? If Yes ( Tick the appropriate):  Father  Mother

Name and Class of the Real Brother / Sister studying in any School\*:

1) Name: ..... Class: ..... School: .....

**ADMISSION CRITERIA: It is mandatory to attach the relevant proofs of Criteria.**

S. No.	Criteria	Total Points	Range of Points	Put a tick mark (☑) At appropriate place.	FOR OFFICE USE	
					Tick ☑	Points
1.	Neighbourhood	70	0-5 K.M.	70		
			> 5-8 K.M.	65		
			> 8 K.M.	60		
2.	Sibling (Real Brother/Sister studying in Banasthali Public School)*	10	10			
3.	Alumni (If any of the parent has studied in Banasthali Public School)*	10	10			
4.	Ward of Staff / S.M.C. Member	10	10			
<b>Total</b>		<b>100</b>	<b>100</b>			

**\*SELF- ATTESTED PHOTOCOPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED:**

S. No.	PARTICULARS	CHECKLIST FOR PARENT ☑	FOR OFFICE USE
1	Birth Certificate issued by MCD/Competent Authority		
2	Residence Proof [Ration Card/Smart Card issued in the name of Parents (Mother/Father having name of the child)]/Domicile Certificate of child or of his or her parents /Voter I-Card (EPIC) of any of the parents/Electricity Bill/ MTNL Telephone Bill/ Water Bill/Passport /Aadhaar Card/ UID Card in the name of any of the parents.		
3	Proof of Distance: (Printout from Google map), regarding the distance between parent's residence and main gate of the school.		
4	Aadhaar Card of Child, Father & Mother		
5	Report Card of Previous Session		
6	School Medical Certificate (Attested by competent authority only)		
7	Student's Caste Certificate of SC/ST/OBC (if applicable)		
8	Certificate of PWD (Person with Disability) (if applicable)		
9	Proof of Sibling: Photocopy of School ID / Fee Receipt (if applicable)		
10	Proof of any of Parents being School Alumni (if applicable)		

**Please register my ward named above for admission to your school. I shall produce the requisite documents in original at the time of admission.**

**DECLARATION**

I ..... (Father/ Mother/ Guardian) of Mst./Ms. .... hereby declare that the information given above by me is based on facts and authentic records. In case, any of the information is found false or incorrect, the registration may be cancelled and school authorities are at liberty to take any action as deemed fit.

.....  
**Father**

.....  
**Mother**

.....  
**Legal Guardian**

**FOR OFFICE USE ONLY)**

**T. Regn. No.:** PRP/RN/25-26/.....

**E. Regn No.:** P/.....

**Form Received By:** .....

**Form Received on:** ..... /..... /202....

**REMARK (if any):**.....

**Observed the Child Personally (Yes/No):** ....., **Adm. In-Charge Sign.:** ..... **Date:** .... /..... /202....