



FAHAN INTERNATIONAL SCHOOL

BLOCK B-3, YAMUNA VIHAR
(BEHIND MOHAN NURSING HOME) DELHI – 110053
PH. – 011 - 22911951

REGISTRATION FORM

Note: Kindly fill the form in CAPITAL LETTERS and make your choices with tick.
Incomplete form will not be accepted. Submit the filled form along with 25/ in the school.

❖ Applied for the _____ Class. (I-VIII)

PHOTOGRAPH

PERSONAL DATA OF THE STUDENT:

- Full name of the student: _____
(As appear in official school Certificates)
- Date of birth (In figures): _____
(As per Birth Certificate issued by M.C.D)
- Date of birth (In words): _____
- Sex : M F
- Age (as on 31st March 20.....): _____ Year _____ Month _____ Days
- Aadhaar Card No. : _____ Student Bank A/c No. : _____
- Nationality _____ Religion _____ Mother Tongue _____
- Previous school attended _____
- Last Academic Result _____ Fill, if minority _____
- Residential/Correspondence Address _____

- Tel No.: _____ Mobile: _____ Emergency Contact No.: _____
- Permanent Address: _____

- Approximate distance of residence from the school: 0-1 km 1-5 km more than 5 km
- Information of sibling/s studying in FIS (not cousins):

Name of Brothers/Sisters	Age	Class	Adm. No.	Academic Result of last class	Fee verification

- Kindly attach Minority Certificate
- Academic result and fee verified for the sibling from fee counter

ACKNOWLEDGEMENT

Received the registration form and other supporting documents from _____
 In respect of Master/Miss _____
 For registration to Class _____ of the school for the academic session _____
 Received on _____ Time _____
 Test Date _____ Time _____

PARENTS' INFORMATION

**FATHER'S
PHOTOGRAPH**

**MOTHER'S
PHOTOGRAPH**

1. Father's Name: _____
2. Aadhaar Card No.: _____
3. Father's Profession/Business: _____
4. Mother's Name: _____
5. Aadhaar Card No.: _____
6. Mother's Profession/Business: _____
7. Designation (Father) _____ (Mother) _____
8. Complete Office Address (Father) _____
9. Telephone (Office) _____ Mobile _____
10. Complete Office Address (Mother) _____
11. Telephone (Office) _____ Mobile _____
12. Are you a Single Parent? Yes No
13. Parents with Sports background (National/ State Level only):
Father: Yes No Mother: Yes No
14. **CERTIFICATE REQUIRED (ATTESTED)** (at the time of registration)
(Without which the application of admission will not be accepted)

- ◆ Birth Certificate
- ◆ Medical Certificate (If prone to any problem)
- ◆ Proof of Residence
- ◆ Transfer Certificate (From Class-II onwards)
- ◆ Any document proof to show service/business.
(for Scheduled Castes/Scheduled Tribes/Other Backward Community and Income Certificate)

KINDLY NOTE: Staple all documents to the top left hand corner of the application. All documents are compulsory.

UNDERTAKING

I, hereby declare that I am the bonafide Parent/ Guardian of the student and the information furnished above is correct to the best of my knowledge. I will abide by the school rules and procedures in all respects. Admission of my child can be cancelled if any information is found to be false.

Date: _____

Father's Signature: _____ Mother's Signature: _____ Guardian's Signature: _____

NOTE:

1. Filling this form does not establish any claim for admission of the child.
2. Kindly produces this registration slip at the time of admission.
3. Please attach all supporting documents with your form.
4. Please fill the questionnaire to know you better.
5. Form will be considered incomplete, if required documents are not attached.

(Signature)

Test Date _____ Time _____