REGISTRATION FORM



m. If any other, please specify

Dynasty International School,

Faridabad

Affix passport size

/DI E A OF EIL I IN: D: OO: (: E=====	NON - TRANSFERABLE									ent	
(PLEASE FILL IN BLOCK LETTERS)											
1. Name of the pupil: Master / Mi	ss										
Example K R I T I	BAI	N I S	A W	۷Н	N E	Υ					
2. a. Date of birth Date Month Year Example											
b. Date of birth in words					0 1		1	2	0	1 1	
c. Age as on lst April, 20						onths				Days	
d. Sex (tick where applicable)		Male				Fe	male				
e. Religion											
3. Tick the class to which admissio		1 11	Ш	IV	٧	VI	VII	VIII	IX	Х	
4. RESIDENTIAL ADDRESS											
Family Particulars		Father					M	other			
a. Name											
a. Nameb. Academic Qualification					_						
b. Academic Qualification											
b. Academic Qualification c. Name of School					_						
b. Academic Qualificationc. Name of Schoold. Name of University/College				— — — — — — — — — — — — — — — — — — —							
b. Academic Qualificationc. Name of Schoold. Name of University/Collegee. Occupation											
b. Academic Qualificationc. Name of Schoold. Name of University/Collegee. Occupationf. Designation											
b. Academic Qualificationc. Name of Schoold. Name of University/Collegee. Occupationf. Designationg. Office Address											
 b. Academic Qualification c. Name of School d. Name of University/College e. Occupation f. Designation g. Office Address h. Ph. No. (Landline) 											
 b. Academic Qualification c. Name of School d. Name of University/College e. Occupation f. Designation g. Office Address h. Ph. No. (Landline) i. Mobile No. 											
 b. Academic Qualification c. Name of School d. Name of University/College e. Occupation f. Designation g. Office Address h. Ph. No. (Landline) i. Mobile No. j. E-mail add. (if any) 											
 b. Academic Qualification c. Name of School d. Name of University/College e. Occupation f. Designation g. Office Address h. Ph. No. (Landline) i. Mobile No. j. E-mail add. (if any) 	ou would like	e to render in	the giv	ven are	eas for	the scl	nool de	evelopn	nent.		
 b. Academic Qualification c. Name of School d. Name of University/College e. Occupation f. Designation g. Office Address h. Ph. No. (Landline) i. Mobile No. j. E-mail add. (if any) k. Annual income 	ou would like	e to render in	the giv		_	the sci		evelopn		dia	

6. Previous academic	record of the	student							
a. Name and addres	s of the previou	s school							
b. Grades obtained	in the last annua	al examination							
Subject	English	Hindi	Maths	Science	Social Science				
Grades / %Marks									
7. Whether belongs to \$	SC/ST/OBC	`	Yes/No, if yes, plea	ase specify					
8. Details of siblings (si	ster or brother)								
i Name	Name Class		S	School					
ii Name Class _		Class	S	chool					
iii Name	ii Name Class		S	School					
9. In case of staff child,	name of the emp	loyee working with	the organization						
Declaration :									
1. The registration made	e herein does in n	o way entitle my wa	rd to be admitted to	o the school and als	so does not				
entitle me or my ward	for the remittanc	e of registration fee	if any.						
2. I have made careful r	ote of various de	tails regarding the pa	ayment of school for	ees. I will make sati	sfactory				
arrangements for rem	ittance of school	fees by the 10th of e	every fee payment	month.					
3. I understand that rend	dering false or mis	sleading information	or withholding cor	rect information ma	y disqualify the child.				
4. Having read carefully	the rules, regulat	ions and procedures	s laid down by the	school, I hereby ag	ree to abide by them				
and any changes the	reafter in all respe	ects. I understand the	at the decision of t	he Principal shall be	e final and binding.				
Signature (Father)			Signature	e (Mother)					
,			_	,					
In case of local guar	dian		_						
			Da	ite					
INSTRUCTIONS	S :-								
i. Incomplete form m	nay not be consid	lered. The following	self attested doc	uments must be at	tached with this form				
ii. Photocopy of the r	narksheet of the	previous school of	the annual examir	nation.					
iii.Original TC.									
iv. Two recent passp	ort size photogra	phs of the pupil & C	One each of the pa	arents					
v. Fees once paid is	not refundable fo	or any reason whats	oever.						
vi.Kindly ask for trans	sport form, in cas	se looking for schoo	l transport						
		For off	ice use :						
(a) Test Date	Time	for class	of 20	20 sess	ion.				
(b) Interaction of bot	h Parents with th	neir ward with Princ	cipa I/ Teacher on	/	_ at am. / p.m				
Remarks of the princ	cipal								