Form No: **VBSS/25-26/** 

Admission No.....(To be filled by Office)

## Vishal Bharti Sr. Sec. School

(Recognized by Directorate of Education, Delhi & Affiliated to CBSE)

**Registration / Admission Form** 

The Principal Vishal Bharti Sr. Sec. School Parwana Road, Saraswati Vihar, PitamPura Delbi-110034 Recent coloured photograph of candidate, preferably face focusing and of high quality

<b>n1-110034</b> ase register/admit my son/c	daughter/ward	to the School in	classGeneral Category for Session	n 2025-26.	
1. Name of Student: (IN CAPITAL LETTERS)  Aadhar No.  2. Date of Birth	D D M	M Y Y Y	Age as on 01.04.2025:		
(In Words)					
3. Gender: Male	e F	emale	Transgender		
4. Nationality:			sen/SC/ST/OBC(if y	yes, attach proof	
			Pin Code		
Contact Nos.:	Contact Nos :		Residence		
<ul><li>8. Single Parent Yes / No</li><li>9. Details of Father</li></ul>	o: If yes, please	specify and atta	ch proof **  9. Details of Mother		
	Name:		Name:	Recent coloured	
Aadhar No		photograph of <b>Father</b> ,	Aadhar No.	photograph of <b>Mother</b> ,	
Age: School Alun If yes, year of Passi Qualification:	ng:	preferably face focusing and of high quality	Age: School Alumni: Yes / No If yes, year of Passing: Qualification:	preferably face focusing and of high quality	
Occupation (Govt/Pvt/Self/Other)			Occupation (Govt/Pvt/Self/Other)		
Designation:					
Designation:					
Designation: Office Name & Address:					
	(Rs.)		Office Name & Address:		

9. Is the student the only ch	ild of Parent (with no sibling	): Yes / No :		
10. Sibling Real Brother/Sist	er: Yes / No ( Tick the appro	opriate) Brother	Sister	
If Sibling in the same sci	hool, give details of sibling:	Name:	Class:Sec:	
11. Child with special needs	Yes / No (if yes, enclose auth	nenticated documents) -		
Blind	Deaf Handicapped	Dyslexic	Spastic Others:	
12. Medical Status of the stud	dent (Kindly enclose all the r	elevant documents stati	ng the illness)	
(1) Sickness, if any:				
(2) Allergy, if any:_				
(3) Medication Presc	ribed:			_
(4) Blood Group:				
•				
	•			
Relation:	Contact No		Signature :	
16. In case of your child is ac	dmitted, what kind of Transpo	ort would you like to us	e: by self / School Bus	
	andmark			_
•	are available on their existing or details, before taking the ac	•	t at School Reception / Transport	
<ul> <li>(b) Date of Birth Certific</li> <li>(c) Two recent passport of high quality).</li> <li>(d) School leaving certific</li> <li>(e) Residence Proof (Electificate)</li> <li>(f) Medical Fitness Certificate</li> <li>(g) Caste certificate (In control of the company of the certificate)</li> <li>(i) Form should be filled a Father / Mother should</li> <li>(j) Application for Custom</li> <li>I/we hereby certify that the a selection/admission process undertaken by the school and</li> </ul>	Card. (Student, Mother & Farate in original (issued by MC size photographs of candidate icate in original from Govt. rectricity Bill/Delhi Jal Board I dicate issued by Registered Masse of SC/ST/OBC) ould be self-attested. It in every aspect with Blue in Id be in format as per docume odian (Ref. to Point No. 8)**  Certificate/Docume bove information provided be alse or I fail to deposit require without any correspondent I/we will abide by the decision.	ED or any other equivaled, Mother & Father (photes, Mother & Father (photes) (For Object of Sill/MTNL Landline Bill/MTNL Landli	Class II onwards).  Eleft blank. Name of Candidate /  /we understand that if any informated shall be automatically debarred from the same of admission of the same of admission.	ion om
Date:			Eatham	
Name of Mother:	<del></del>	name of	Father:	
Signature of Mother			Signature of Fathe	 r

Note: Parents are requested to submit all the required documents before admission otherwise admission may be cancelled.