



TECNIA INTERNATIONALSCHOOL

Affiliated to Central Board of Secondary Education(CBSE)

Recog. By Directorate of Education, Govt. of NCT,Delhi

L.K.G TOXII

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ADMISSION FORM

FormNo. _____

AFFIX CHILD'S
PASSPORT SIZE
PHOTO

AFFIX FATHER'S
PASSPORT SIZE
PHOTO

AFFIX MOTHER'S
PASSPORT SIZE
PHOTO

FOR OFFICE USE ONLY

REGISTRATIONNO.		DATE OFREGISTRATION	
REGISTRATION FEE RECEIPTNO.			
ADMISSIONNO.		DATE OFADMISSION	
YEARAPPLIED		REGISTRATION FOR CLASS (STREAM -XI)	

CHILD'SDETAILS

NAME (IN BLOCKLETTERS)		GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
DATE OFBIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	SC/ST	<input type="checkbox"/> Y <input type="checkbox"/> N
AGE AS ON 31 ST MARCH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS DAYS	PLACE OF BIRTH	
ADDRESS		DISTANCEFROM SCHOOL (inkms.)	
PHONENO.		MOBILENO.	
NATIONALITY		AADHAAR NUMBER	

HEALTHINFORMATION

HEIGHT		WEIGHT		EYESIGHT	
CHRONIC AILMENTS/ALLERGY (if any)		BLOOD GROUP			
PHYSICAL DISABILITY	<input type="checkbox"/> Y <input type="checkbox"/> N	ANY OTHER HEALTH PROBLEM			

FAMILY DETAILS									
DETAILS	FATHER/GUARDIAN				MOTHER/GUARDIAN				
NAME (IN BLOCK LETTERS)									
DATE OF BIRTH									
NATIONALITY									
ACADEMIC QUALIFICATION									
OCCUPATION									
DESIGNATION									
NAME OF THE ORGANIZATION									
OFFICE ADDRESS									
PHONE NO. (OFFICE)									
MOBILE NO.									
EMAIL ID.									
INCOME PER MONTH									
AADHAAR NUMBER									
CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS)									
NAME									
ADDRESS									
PHONE NO. /MOBILE									
STAFF OF TECNIA	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
PARENTALUMNI	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

SCHOOLS ATTENDED BY THE CHILD (BEGIN WITH PRESENT SCHOOL)					
NAME & ADDRESS OF THE SCHOOL	CLASS	BOARD	GRADES / PERCENTAGE	REASON FOR LEAVING	NO. OF YEARS ATTENDED
ANY OUTSTANDING ACHIEVEMENTS IN MUSIC, DANCE, SPORTS					
INTERESTS / HOBBIES OF THE CHILD					
TRANSFER CASE	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

SIBLING'S INFORMATION			
NAME	AGE	CLASS	IS SIBLING IN TECNIA?
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

TRANSPORT INFORMATION			
SCHOOL TRANSPORT REQUIRED	<input type="checkbox"/>	Y	<input type="checkbox"/>
	<input type="checkbox"/>	N	<input type="checkbox"/>

1. We hereby certify that the information given is complete, true and to the best of our knowledge. We understand that misrepresentations or omissions of facts will justify the denial/cancellation of admission.
2. We do hereby consent to abide by the school's rules and regulations.
3. Our son/daughter will follow the high standard of discipline of the school.

SIGNATURE OF FATHER/GUARDIAN

SIGNATURE OF MOTHER/GUARDIAN

SIGNATURE OF HEAD OF SCHOOL/COMPETENT AUTHORITY

SELF-ATTESTED PHOTOCOPIES OF DOCUMENTS TO BE ATTACHED

CLASS - LKG-UKG

1	BIRTH CERTIFICATE OF THE CHILD
2	ID PROOF OF FATHER & MOTHER
3	RESIDENCE PROOF
4	COPY OF PAN CARD
5	COPY OF AADHAR CARD (CHILD, FATHER & MOTHER)