



# GYANKALASH

## INTERNATIONAL SCHOOL

Near P&T Training Centre, Ambala Road, Saharanpur - 247 001  
Ph. : 0132- 2644000, 2646000, Visit us at : [www.gyankalash.com](http://www.gyankalash.com), e-mail : [contact@gyankalash.com](mailto:contact@gyankalash.com)

### APPLICATION FORM

Date .....

The Principal  
Gyankalash International School  
Saharanpur

Dear Madam,

I wish to get my ward registered for admission in your school for session ..... . The particulars are given below :

Name of Child : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Admission applied for : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Address (Res.) : \_\_\_\_\_

Phone No. : \_\_\_\_\_ Mobile \_\_\_\_\_

Kindly issue me the registration form and prospectus.

THANKING YOU

Yours truly

.....  
(Full Signature)



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### REGISTRATION FORM

(TO BE FILLED IN CAPITAL LETTERS)

**REGISTRATION  
DOES NOT ENSURE ADMISSION**

Please affix a recent  
colour photograph  
of the child

**Form No.**

**Day boarder**  **Day scholar**

**INFORMATION ABOUT THE CHILD**

Last Name

First Name

Date of Birth

Date of Birth in Words

Age as on 31 March, 2006

		Years
		Months
		Days

Class to which admission is sought

Nationality

Religion

**AREA**

Rural	
Urban	

**ACADEMIC BACKGROUND**

Previous School	
Year in which Attended	
Any Outstanding Achievements	

Final Marks of Previous Year
English
Hindi
Maths
Social Science
Science

**CATEGORY**

General	
SC	
OBC	

<b>Form No.</b>	<b>REGISTRATION SLIP</b>	Date :
Received registration form in respect of _____		
son / daughter of _____		
for class _____		
<p><b>You are required to bring your ward to the school for an interaction with the Principal / Teacher in charge of admission on _____ at _____. Signature of Principal</b></p>		

Please affix a recent  
colour photograph  
of the child

**FAMILY INFORMATION**

Name of Father		Name of Mother	
Age		Age	
Nationality		Nationality	
Educational Qualification		Educational Qualification	
Organisation Working for		Organisation Working for	
Designation		Designation	
Annual Income		Annual Income	
Office Address & Tel.		Office Address & Tel.	
Mobile		Mobile	
Residential Address : _____ _____			

In case of staff ward	Name of Parents	
	Designation	

I hereby declare that the information given by me in the registration form is true. I understand and agree that misrepresentation or omission of facts will lead to denial or cancellation of admission to my ward. I hereby willingly tender my consent to the terms and conditions in respect of admission.

Date ..... Signature of Mother ..... Signature of Father .....

- Note :** (1) Only the registration form should be submitted at the time of registration. Admission form and other forms are required only at the time of admission of the child.  
 (2) Incomplete forms will not be accepted.  
 (3) FEES ONCE PAID ARE NOT REFUNDABLE FOR ANY REASON WHATSOEVER.

**LIST OF DOCUMENTS TO BE ENCLOSED WITH THE REGISTRATION FORM :**

- (1) Attested Photocopy of birth certificate (for the students of Nursery to U.K.G.)
- (2) Copy of the last report card of previous / present class (for the students of I to IX).