



आयुष स्पेशल स्कूल

(Under the aegis of Ayush society)

पता:- 2/1, बिसरख, सेक्टर-1, नियर वेलेंशिया होम्स, ग्रेटर नोएडा वेस्ट, उ. प्र.-201301
www.ayushsociety.com, Email-ayushsociety@gmail.com, Ph:9911228787

REGISTRATION FORM
Admission Open for Children with Disability
SESSION - 2015 – 2016
Office Use Only

Admission No ASS 2015-16/

Dated:.....

Checked.....

Admission: Granted / Rejected

Affix Passport
Size
Photograph
Of the
Candidate

Name of the Children (full in block letters)

First Name

Middle Name

Surname

Father's Name (full in block letters)

Mother's Name (full in block letters)

Date of Birth

D

D

M

M

Y

E

A

R

Complete Postal Local Address

Permanent Address

Local Guardian / Parents

Name: **Relationship:**

(Please enclose the Local Guardian address proof & Local Guardian Photo ID)

Mobile Nos:

Father:..... **Mother:**

Phone:..... **Email Id:**

Nationality: Indian / Foreigner **Sex:** Male/ Female

Your child suffering from Seizures.....

Child do all the Daily Activities.....

Details of Past Education / any training.....

IQ of the Child.....

Any other Details:.....

Annual Income of Family Rs.

Please attach the following documents:

1. Copy of proof of date of birth of the Child.(2)
2. Proof of Disability Certificate.(2)
3. Residence and ID proof of Parents / Local Guardian. (2)
4. Psychological Assessment report.
5. Child Photo (3)

Place:

Date:

Signature of Parents /Guardian

DECLARATION BY THE PARENTS / GUARDIAN

Ihereby declare that the information given above is true and correct to the best of my knowledge and belief.

I further declare that I shall abide by the rules and regulations of the School.

I am aware that my Child admission will be cancelled in case the details furnished by me prove to be wrong.

In case of discontinuation of School due to personal reasons, I will not ask for reimbursement of the Tuition Fee.

Date:

Signature of Parents /Guardian

SCHOOL MAP

