



Affix Student's
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Registration Form For Admission

Application Form No.....

Rt. No. & Date

Admission No.

(To be filled in BLOCK LETTERS only.)

Student Details

विद्यार्थी का पूरा नाम /
Full name of the scholar (in capital letters)

कक्षा जिसमें प्रवेश चाहिए /
Class in which admission is sought

सत्र / Session

लिंग / Sex

जन्म तिथि / Date of Birth _____

आयु 31 मार्च / Age as on 31st March 20

साल/Years

महीना/Months

दिन/Days

बच्चे का रक्त-समूह /
Blood group of the
child

राष्ट्रीयता /
Nationality

वर्तमान पता /
Present Address

मोबाईल नंबर / Mobile No.

किसी भी शिक्षण समर्थन आवश्यकता को यहाँ निर्दिष्ट करें / Any learning support requirement to be specified here

क्या आप सामान्य श्रेणी/अनुसूचित जनजाति/ओबीसी से/आर्थिक रूप से कमजोर वर्ग/ विकलांग/इकलौती कन्या, यदि हाँ तो / प्रमाण-पत्र
संलग्न करें। Do you belong to Gen./SC/ST/OBS/EWS/Disabled/S.G. Child? Attach certificate

Other Information

यदि पिछला विद्यालय केन्द्रीय माध्यमिक शिक्षा बोर्ड से सम्बद्ध नहीं है तो सम्बन्धित बोर्ड का नाम दर्शाये/ If, the last school
was not affiliated with CBSE, specify name of the board

कुल अंक/पिछले साल के ग्रेड/Grade of Previous Year

English

Hindi

Maths

Science

S.St.

मैं अपने बच्चे को नैसलिंग निप्पर्स से जोड़ना चाहता हूँ क्योंकि / I want my ward to be associated with Nestling
Nippers because



Parent Details

Affix Mother's
passport size
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माता / Mother

Affix Father's
passport size
photo here

पिता / Father

अभिभावक का पूरा नाम / Full name of the parents		
मातृ भाषा / Mother tongue		
शैक्षणिक योग्यता / Education Qualification		
जन्म तिथि / Date of birth		
राष्ट्रीयता / Nationality		
व्यवसाय / Occupation		
संगठन का नाम / Name of organisation		
संगठन का प्रकार / Industry type		
कार्यालय का पूरा पता व दूरभाष / Office address with tel. no.		
स्थायी पता / Permanent Address		
मोबाईल नंबर / Mobile No.		
ई-मेल आईडी / E-mail ID		
वार्षिक आय / Annual Income		
स्थानीय अभिभावक का नाम और मोबाईल नम्बर / Name & mobile of local guardian		
भाई बहन का विवरण (अगर नैसलिंग निप्पर्स वनस्थली में पड़ते हैं / Sibling details (if studying in Nestling Nippers, Vanasthali)		
नाम / Name	कक्षा /Class	
अभिभावक द्वारा घोषणा / Declaration by the parents		

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा दी गयी उपर्युक्त सूचना मेरी जानकारी में सत्य व सही हैं। / I here by declare that the above information furnished by me is correct to the best of my knowledge & belief / -----
विद्यालय के नियमों से प्रतिबद्ध रहूँगा/रहूँगी / I shall abide by the rules of the school

तिथि / Date

माता-पिता के हस्ताक्षर / Signature of parent



For Office Use Only

प्रमाणित किया जाता है कि मैंने आवेदन-पत्र और संबद्ध कागजातों की जाँच कर ली है।

Certified that I have checked the application form and the relevant papers are found in order.

तिथि / Date

प्रवेश प्रभारी / Admission Incharge

संबद्ध कागजातों के निरीक्षणोपरान्त प्राप्तोपरान्त कृपया कक्षा _____ में प्रवेश दें।

Please admit to class _____ after checking relevant papers.

तिथि / Date

प्राचार्य / Principal

विद्यार्थी का छात्र पंजीकरण संख्या (ए.डब्ल्यू.आर.) / Registration No. of the student in the Admission / Withdrawl Register is _____ Vol. _____

तिथि / Date

कार्यालय अधीक्षक / Office Suptd.

बोर्ड द्वारा निर्धारित मानकों के अनुसार छात्र के आवेदन को प्रवेश हेतु स्वीकार करते हुए अनुमोदित किया जाता है।
Admission considered by the school is in accordance with the provisions of the Board & approved.

तिथि / Date

हस्ताक्षर प्राचार्य / कार्यालय की मोहर
Sign. of Principal/Official Seal



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ID Card / Escort Card Form

Affix scholar's
photo here

Name of the Scholar _____

Adm. No. _____ DOB _____ Class _____ Section _____

RFID / MESSAGE (Mobile No.) _____

Address _____

(The below mentioned people are authorised to escort the scholar to & from the Bus Stop / School)

FATHER'S
PIC

Father's Name _____

Mob. No. _____

Date _____

Parent's Signature _____

Parent's Name _____

MOTHER'S
PIC

Mother's Name _____

Mob. No. _____

GUARDIAN's
PIC

Guardian's Name _____

Mob. No. _____

Relation _____

GUARDIAN's
PIC

Guardian's Name _____

Mob. No. _____

Relation _____

For Office Use Only

Date of receiving the form _____

Admn. No. _____

Received by _____



Guardian Information Form

Affix scholar's
photo here

Guardian's Name _____

Address _____

Landline Number _____

Office Number _____

Mobile Number _____

E-mail ID _____

Mr. & Mrs. _____ parent of _____

who is in grade _____ has authorised me to be the local guardian till further notice

I/We will be responsible for any enquiry, special permission, any field trips and medical welfare of the scholar as well as the safety and development of _____

I/We will also undertake responsibility to accommodate him/her in case of any suspension from boarding.

Guardian's Name _____

Parent's Name _____

Signature _____

Signature _____

Date _____

Date _____

Please attach proof of ID i.e. relevant passport page or driving licence.

For Office Use Only

Date of receiving the form _____

Received by _____





Medical History Form

Name of the Scholar _____

Grade _____

Admission Number _____

Weight _____

Height _____

Blood Group _____

Important

We request you to be completely thorough in providing information requested below, to Nestling Nippers. Many scholars over the years have had a variety of medical and psychological difficulties which have not, in any way, interfered with their success at Nestling Nippers. However, for the scholar's own safety and health, the medical staff should be aware of such problems.

Please check every condition that applies to your ward and provide detailed information, including date of the condition, medication and current status of the condition. Use additional pages or support the document with medical reports, if necessary.

Has your ward ever suffered from?

1. Asthma/Wheezing

☐ No ☐ Yes

If yes, please give details _____

2. Bleeding Disorder

☐ No ☐ Yes

If yes, please give details _____

3. Diabetes

☐ No ☐ Yes

If yes, please give details _____

4. Epilepsy / Convulsions

☐ No ☐ Yes

If yes, please give details _____

5. Blood Pressure

☐ No ☐ Yes

If yes, please give details _____

6. Migraine / Headache

☐ No ☐ Yes

If yes, please give details _____

7. Syncope / Fainting

☐ No ☐ Yes

If yes, please give details _____

8. Heart Problem

☐ No ☐ Yes

If yes, please give details _____

9. Eye Problem

☐ No ☐ Yes

If yes, please give details _____



10. Hearing Problem

☐ No ☐ Yes

If yes, please give details _____

11. Ankle / Knee / Joint Problem

☐ No ☐ Yes

If yes, please give details _____

12. Frequent infections of

☐ No ☐ Yes

If yes, please give details _____

a. Ear

☐ No ☐ Yes

If yes, please give details _____

b. Throat / Tonsils

☐ No ☐ Yes

If yes, please give details _____

c. Sinuses

☐ No ☐ Yes

If yes, please give details _____

13. *Does your child have any special / restricted Dietary Needs?

☐ No ☐ Yes

(Please attach a photocopy of the Diet Chart)

14. Has your ward been hospitalized within the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

15. Has your ward suffered from Typhoid / Jaundice in the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

16. Has your ward been exposed to Tuberculosis in the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

17. Is your child allergic to :

☐ No ☐ Yes

If yes, please give details _____

a. Bee Sting / Insect Bite

☐ No ☐ Yes

If yes, please give details _____

b. Any Medicine

☐ No ☐ Yes

If yes, please give details _____

c. Food Item

☐ No ☐ Yes

If yes, please give details _____

***Any other :** _____



18. Can the following medications be given to your ward, in case of an emergency :

a. Paracetamol / Crocin

☐ No ☐ Yes

If yes, please give details _____

b. Anti-Histamine / Anti-Allergic

☐ No ☐ Yes

If yes, please give details _____

c. Antacids / Digene

☐ No ☐ Yes

If yes, please give details _____

d. Non-steroidal anti-inflammatory

☐ No ☐ Yes

If yes, please give details _____

e. Any injections (only in case of an emergency)

☐ No ☐ Yes

If yes, please give details _____

19. Does your ward require Glasses or Contact lenses?

☐ No ☐ Yes

If yes, please give details _____

20. Has your ward been immunised as per the schedule?

☐ No ☐ Yes

(Please attach a photocopy of the immunisation Card)

21. Is your ward taking any medications?

☐ No ☐ Yes

(Please attach a photocopy of the Doctor's prescription)

Medical Certificate

This is to certify that I _____

have examined _____

of Grade _____ Age _____

and found that he/she is not suffering from any chronic / contagious disease.

Doctor's Signature

(Name & Stamp with Regn. No.)

Note:

This certificate has to be signed by Regd. MBBS Doctor.

For Office Use Only

Date of receiving the form _____

Received by _____



Special Notes (विशेष टिप्पणी)





School Transport & Declaration Form



Affix scholar's
photo here

Name of the Scholar _____

Grade _____

Admission Number _____

Facility opted for _____

☐ Day

☐ Extended Day

Subsequent to my wards admission to Nestling Nippers, I _____
request the school, that my child _____ of grade _____
may please be allowed to avail the transport facility being provided by the school at the set routes.

Although, I understand that the school will provide full security and safety, exercising due diligences on carrying out the services, the school shall not be held responsible incase of any mishap. I also understand that the school reserves the right to alert/modify/restructure any route at any point of time in the interest of children and school, as well.

I agree to abide by all the rules and regulations laid down by the School Authorities.

Name of the parent _____

Address _____

Telephone Nos. _____

Date _____

Parent's Signature _____

For Office Use Only

Route No. (Pick-up) _____

Bus Fee Paid ☐ No ☐ Yes

Route No. (Drop) _____

Facility paid for

☐ Day

☐ Extended Day

Transport Department Signature

Account's Department Signature

