Registration Form

BRILLIANTS' CONVENT

Senior Secondary Recognised & Affiliated to CBSE
West Enclave, Pitampura, Delhi-110034
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Reg. No. BCS/2025-26/ ___

Academic Session 2025-26

Child Father Mother

KINDLY FILL THE COMPLETE FORM IN CAPITAL LETTERS ONLY

Class to which admission is sought _____

Details of Student:-

1. Name : ..... Aadhar No. .....
2. Gender : Male ☐ Female ☐ Any other ☐
3. D.O.B : Date _____ Month _____ Year _____ Blood Group .....

   In words .....

4. **Details of Parent:-**

Details	**Mother**	**Father/ Guardian**
Name		
Educational Qualification		
Residential Address		
Phone Number		
E-mail		
Occupation		
Office Address		
Annual Income		
Aadhar Number		

5. Category: (Attach proof): General ☐ SC ☐ ST ☐ OBC ☐ EWS ☐
6. Specially abled child Yes ☐ No ☐
7. Medical Information : Does the child have some special needs?

   If Yes, give details .....
8. Class last attended .....

9. Name & Address of the last school attended ……

……..

10. Details of siblings (if any) (Real brother / sister only)

(Tick the appropriate) Yes ☐ No ☐

If sibling studying in the same school give details — Sibling Name …….

Class / Sec ……

Declaration by Parent

1. I hereby solemnly declare that all the statements made in the above form and documents attached are true to the best of my knowledge and belief. I fully understand that if any information is found false or incorrect, registration and admission to my ward may be cancelled without any further notice or discussion.

2. I do understand that the Registration/shortlisting does not guarantee admission to my ward. I undertake to submit all the required documents in original for verification by the school.

3. I agree and accept the process of admission undertaken by the school and will abide by the decision of the school authority which shall be final and binding on me.

Date ____/ ___/ _____ Signature of Father _____ Signature of Mother _____

Place _____ Name of Father _____ Name of Mother _____

Enclosures

(Please Tick the submitted Documents)

1. Recent coloured passport-size photograph of the child, mother & father duly pasted on the form. ☐
2. Self-attested photocopy of **Date of Birth certificate** of the child. ☐
3. **Attested Residence proof and photo ID proof of the parent, Aadhaar card of parent and CHILD, voter ID card of parents.** ☐
4. Attested Photocopy of I-card or latest fee receipt of BCS sibling /12th Marksheet BCS Alumni (if Applicable) ☐
5. **Attested copy of Caste Certificate i.e SC/ST/OBC (if applicable)** ☐
6. **Attach a copy of the relevant document, if the child has any special medical need/disability/ailment (if applicable)** ☐
7. Photostat copy of the Report Card issued by the previous school (if applicable) ☐
8. Medical fitness of the child by a qualified registered doctor. ☐

All documents are mandatory at the time of registration.

FOR OFFICE USE ONLY

CHECKLIST

☐	☐	☐	☐	☐	☐	☐	☐	☐
D.O.B Certificate	Aadhar of Student, Father, Mother			Residence Proof	T.C	Medical Certificate	Sibling Proof	Alumni Proof

Date of receiving ____/ ___/ _____

Signatures

_____	_____	_____	Points secured	
Receiver	Admission In-charge	Principal	Total Points	100