## **Registration Form**



## **BRILLIANTS' CONVENT**

Senior Secondary Recognised & Affiliated to CBSE West Enclave, Pitampura, Delhi-110034

**8:** 9821375278, 9953536647, 9953536649



E-mail: bcs34@rediffmail.com Web: www.brilliantsconvent.com Reg. No. BCS/2026-27/ **Academic Session 2026-27** Child Father Mother KINDLY FILL THE COMPLETE FORM IN CAPITAL LETTERS ONLY Class to which admission is sought **Details of Student:-**1. Name (As per Aadhar): ...... Aadhar No. ...... 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 (As per Aadhar) **Educational Qualification Residential Address Phone Number** E-mail Occupation Office Address **Annual Income** Aadhar Number 5. Category: (Attach proof): OBC General SC ST | EWS 6. Specially abled child Yes No 7. Medical Information: Does the child have any special needs? If Yes, give details ......

8. Class last attended ......

9. Name & Addre	ess of the last school	attended					
10. Details of sibli	ngs (if any) (Real brot	:her/sister on	ly)		•••••		
(Tick the appro	priate) Yes		No				
If a sibling is stu	udying in the same sc	- hool, give det	ails: Siblin	g Name			
			Class	/ Sec			
		Declaration	by Parent				
<ol> <li>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 understand that if any information is found to be false or incorrect, registration and admission to my ward may be cancelled without any further notice or discussion.</li> </ol>							
	nd that the Registrat ubmit all the required	-	_	_		-	rd. I
_	ept the process of ad uthority, which shall		-		d will abide by	the deci	sion
Date/ Signature of Father Signature of Mother							
Place	Name of Father		_ Naı	me of Mother	·		
		<u>Enclos</u>	<u>ures</u>				
(Please tick the submitted Documents)							
1. A recent coloured passport-size photograph of the child, mother & father duly pasted on the form.							
· · · · · · · · · · · · · · · · · · ·	hotocopy of the <b>Date</b>				d of the new	nt and C	
·	ence proof and photo D card of the parent		ine parent	<u>, Aadnaar car</u>	d of the pare	ent and Ci	niia,
. Attested Photocopy of I-card or latest fee receipt of BCS sibling /12 <sup>th</sup> Marksheet BCS Alumni (if							
Applicable)  Attested copy	of Caste Certificate,	i.e. SC/ST/OE	BC (if appli	cable)			
6. Attach a co	py of the releva	nt documer			s any spec	cial med	dical
need/disability/ailment (if applicable) 7. Photostat copy of the Report Card issued by the previous school (if applicable)							
B. Medical fitness of the child by a qualified registered doctor.							
All documents	are mandatory at th	e time of reg	istration.				
		FOR OFFICE	USE ONLY				
<u>CHECKLIST</u>				_	_		
D.O.B Aadhar of S Certificate	Student, Father, Mother	Residence Proof	T.C.	Medical Certificate	Sibling Proof	Alumni Proof	
Date of receiving	//						
Signatures						-	
					Points secured		
Receiver	er Admission In-charge			Principal	Total Points 10		100