



CYGNUS HIGH WORLD SR. SEC. SCHOOL

(An English Medium Co-educational School)

Affiliated to C.B.S.E, New Delhi

(A UNIT OF GALAXY GLOBAL GROUP OF INSTITUTIONS)

Form No. :

ADMISSION FORM

Class Applied for : _____ Session : _____ Date : _____

S.R. Number : _____ Admission No: _____ Admission Date : _____

Instructions:-

- Form should be filled in Block Letters Only.
- Students, Father & Mother Name should be filled as per Birth Certificate Only.
- Date of Birth should be mentioned as per Birth Certificate Only.

Paste a recent
Passport size
Photograph
of Father

Paste a recent
Passport size
Photograph
of Mother

Paste a recent
Passport size
Photograph
of Student

1. Name of the Student : _____
2. Date of Birth (In Figure) : _____ in words _____
3. Student's Aadhar Card No : _____ Blood Group : _____
4. Residential Address : _____
5. Permanent Address : _____
6. Father's Name : _____ Mob. No. _____ Occupation _____
7. Mother's Name : _____ Mob. No. _____ Occupation _____
8. Nationality : _____ Annual Income : _____ E-mail : _____
9. Category : Gen. / ST / SC / OBC / BC/ Any other : _____
10. Gender : Male / Female : _____
11. Religion : _____ Mother Tongue : _____
12. Belongs to Minority class : Yes No (If yes please mention) : _____

13. Does your child have any health problem. If yes (please specify) : _____

14. Sibling (Real Brother/ Sister) If Studying in this school : Yes : No

Name of the Sibling : _____ Class : _____ Section : _____

15. Bus Facility Required : Yes : No Bus Route : _____

Signature of Father : _____ Signature of Mother : _____

CHECKLIST FOR DOCUMENT REQUIRED

- | | |
|---|--------------------------|
| 1) Self attested Copy of Birth Certificate | <input type="checkbox"/> |
| 2) School Leaving Certificate (Original Copy) (If applicable) | <input type="checkbox"/> |
| 3) 5 Passport Size Photographs of student. | <input type="checkbox"/> |
| 4) 2 Passport Size Photographs of Parents (1 Each) | <input type="checkbox"/> |
| 5) Self-attested copy of Aadhar Card of child and both parents. | <input type="checkbox"/> |
| 6) Self attested copy of Cast Certificate, (If applicable) | <input type="checkbox"/> |
| 7) Self attested Previous Report Card. | <input type="checkbox"/> |
| 8) Disability Certificate, if any. (Self attested Copy) | <input type="checkbox"/> |

Note: - While submission of the registration form the above mentioned documents are essentially required.

UNDERTAKING

I _____ Father/Mother/Guardian of Master/Miss _____
Seeking admission to class _____ in Cygnus High World Sr. Sec. School, Shergarh (Ambala) hereby given my consent for the following undertakings:-

1. I fully understand that the admission is purely provisional subject to submission of required documents stated above, failing which the provisional admission will stand cancelled.
2. I will not ask to refund the fee deposited once in the school, at the time of withdrawal of my ward's admission.
3. I am fully aware of the fact that a minimum of 75% of total attendance is mandatory failing which my ward is likely to be debarred from appearing at Annual/ C.B.S.E examination due to shortage of attendance.
4. I will clear all the school dues, as applicable, for the issuance of Transfer Certificate.
5. I will deposit the school fee as per the schedule given in the fee slip., failing which I shall deposit it with late fee as applicable.
6. I take full responsibility of the good conduct of my ward in the school and give my consent to accept without any reservations, whatsoever disciplinary action including expulsion /rustication taken by the school authorities against my ward for indulging in any act of indiscipline or impropriety at the school.
7. He/ She will not in any case be allowed to continue in the school after his/her failure in the same class twice, Principal is well within his/her rights to even demote the ward in his /her interest.
8. I agree to abide by all the rules /decisions of the school management framed/taken from time to time. I know that any breach on our part can lead to his/her expulsion from the school without notice and that the discretion and decision of the school authority is final.

Student's Signature

Name _____

Father's Signature

Name _____

Mother's Signature

Name _____

AUTHORIZATION CERTIFICATE

(To be filled and submitted in duplicate at the time of admission)

I, father/guardian of Master/Miss Class / Roll No. do hereby authorize the following persons to meet my ward in the school premises / to collect my ward for short leave, summer and winter vacations with prior permission of the school authorities. The passport size photographs of the authorized persons are pasted on the certificate along with their signatures and contact address in duplicate :



1. Name in full :
Relation :
Address with pin code :
.....
Telephone Number with STD Code :
Mobile Number :



Signature

2. Name in full :
Relation :
Address with pin code :
.....
Telephone Number with STD Code :
Mobile Number :



Signature

(Signature of Parents/ Guardian)

DECLARATION

I _____ parent/guardian of Master/Miss _____ hereby certify that the information given by me in this application is correct. I agree to abide by the rules and regulations of the school.

Date: _____

Signature of parent/Guardian _____

FOR OFFICE USE ONLY
ACCOUNT DEPARTMENT

Admitted to class _____ Admission Fee Receipt No. _____

Dated _____

Details of Amount Received

Concession :

Amount % _____

Sibling Concession

Teacher's Ward Concession

Management Concession

Registration Fee Rs. _____

Admission Fee Rs. _____

Annual Fee Rs. _____

Tuition Fee (Per Month) Rs. _____

Transportation Fee (Per Month) Rs. _____

Any other Fee Rs. _____

ACCOUNTANT'S SIGNATURE : _____

Admission Granted : -

Not Granted

Date : _____

Signature of Principal : _____



MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of MBBS)
(Keep a copy of the Medical Fitness Certificate for your record)

I certify that I have carefully examined Miss/ Master _____ Class _____

Daughter /son of Mr./Mrs. _____

Resident of _____ whose signature is given below. Based on the examination, I certify that she/he is of good physical and mental health and is free from any diseased or physical defect which may interfere with her/his studies and participation in various physical activities required to her / him as a pupil of the Cygnus High World Sr. Sec. School.

Mark of Identification: _____

Signature of the Candidate: _____

Signature of the Father: _____ Signature of the Mother _____

Place : _____ Name of the Medical Officer/Doctor _____

Date: _____ Signature _____

Registration Number : _____

Stamp : _____