

ACADEMIC SESSION 2024-25**Pre- School (Nursery) Admissions****Notice for Second List of selected students**

- **The Wait list of 44 selected students for Boys and Girls was drawn on 10/01/2024.**
- **After the fee submission of selected students in the First list, waiting list 1 to 10 from boys and waiting list 1 to 10 from girls are requested to undertake admission formalities and deposit fee.**
- **Fee submission and document verification will be done from Tuesday, 30/01/2024 to Friday, 02/02/2024 from 9:30 a.m. to 12:00 noon according to the schedule given below.**
- **Parents are requested to kindly adhere to the schedule for the admission process. In case of non-reporting parents (without any official information), the seat will be offered to the next eligible candidate.**

Vincent A. Moses
Principal

ACADEMIC SESSION 2024-25 : PRE SCHOOL ADMISSIONS

SECOND LIST OF STUDENTS (BOYS) SELECTED IN DRAW OF LOTS

S.NO.	R.NO.	STUDENT'S NAME	POINTS-TOTAL
1	TSS-1119	GARVIT JAIN	60
2	TSS-1541	AARAV JAIN	60
3	TSS-0596	NEETANSH JUNEJA	60
4	TSS-0137	KRISHIV BAJAJ	60
5	TSS-0131	JIIYAN GUPTA	60
6	TSS-0681	ADHRIT SONI	60
7	TSS-0112	DIHAN CHUGH	60
8	TSS-1396	REYANSH TANDON	60
9	TSS-1304	KIYANSH MALIK	60
10	TSS-1559	YATHARTH SHARMA	60

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Principal

ACADEMIC SESSION 2024-25 : PRE SCHOOL ADMISSIONS

SECOND LIST OF STUDENTS (GIRLS) SELECTED IN DRAW OF LOTS

S.NO.	R.NO.	STUDENT'S NAME	POINTS-TOTAL
1	TSS-0425	AAYANA KAUSHIK	60
2	TSS-0536	KRISHVI JUNEJA	60
3	TSS-0918	PAKHI JAIN	60
4	TSS-0119	SAANVI GUPTA	60
5	TSS-1011	NAMYA TALREJA	60
6	TSS-0905	PRISHA MITTAL	60
7	TSS-1032	PRISHA ARORA	60
8	TSS-0360	PRISHA CHANDANI	60
9	TSS-0438	YESHA POPLI	60
10	TSS-1214	KIARA KHARI	60

Vincent A. Moses
Principal

PRE SCHOOL ADMISSIONS 2024-25
SCHEDULE FOR FEE DEPOSITION/ DOCUMENT VERIFICATION

Schedule of Selected Students (Boys) in draw of lots

1	S. No. 1-5	30-Jan	9:30 a.m. - 12:00 noon
2	S. No. 6-10	31-Jan	9:30 a.m. - 12:00 noon

Schedule of Selected Students (Girls) in draw of lots

1	S. No. 1-5	01-Feb	9:30 a.m. - 12:00 noon
2	S. No. 6-10	02-Feb	9:30 a.m. - 12:00 noon

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Principal

ACADEMIC SESSION 2024-25
PRE SCHOOL ADMISSIONS
DOCUMENTS REQUIRED IN ORIGINAL
(FOR VERIFICATION)

- **Proof of Date of Birth (Any one)**

1. Birth certificate under the Births, Deaths and Marriages Certification Act 1986
2. Hospital/Auxiliary Nurse and midwife (ANM) register record.
3. Aanganwadi Record
4. Declaration of the age of the child by the parent or guardian.

- **Proof of Residence (Any one)**

1. Ration card issued in the name of parents (mother/father having name of the child)
2. Domicile certificate of child or his/her parents.
3. Voter I-card (EPIC) of any of the parents.
4. Electricity bill/MTNL Telephone bill/Water bill in the name of any of the parents.
5. Unique Identity Card (Aadhar Card) issued in the name of any of the parents.

6. Passport in the name of any of the parents of the child.

- **Proof of Sibling** – Copy of last paid fee receipt of the student studying in The Srijan School.
- Any other admissible document



the **Srijan** school

ACADEMIC SESSION 2024-25

Pre- School Admissions

A set of proformas have been uploaded on the school website www.thesrijanschool.com under the heading Nursery Admissions "Proformas for Selected Students". Parents are requested to take a print of these proformas (on A4 size paper) and submit it complete in all respect, at the time of depositing fee for admission.

Proformas

- 1. School Registration Form**
- 2. Student's Information Form**
- 3. Student's Health certificate**



HEALTH CERTIFICATE - 2024-25

1. Name of the Child : _____
2. Class : _____
3. Date of Birth : _____
4. Father's Name : _____
5. Mother's Name : _____
6. Blood Group : _____ R.H. Factor _____
7. Immunization History :
 - a) BCG : Yes / No
 - b) DPT : Yes / No
 - c) Oral Polio : Yes / No
 - d) Measles/ MMR : Yes / No
 - e) Typhoid : Yes / No
 - f) Meningitis : Yes / No
 - g) Any Other : Yes / No
8. History of past illness:
 - a) Specific diseases suffered in the past.....
 - b) Operation undergone in the past, if any specify.....
 - c) Allergies, if any.....
 - d) Any other disease for which the child is on regular medication.....
 - e) Any Congenital Anomaly.....
 - f) Special needs, if any.....

Date _____

Name of the Parent _____ Signature of Parent _____

Emergency Phone No. _____

Medical Certificate of Fitness (From Registered Doctor)

This is to certify that I, Dr. _____ have examined
 _____ aged _____ years, D/o / S/o
 _____ on dated _____.

His/ Her visual acuity is normal/ corrected with glasses. There is no other illness, which would render the child unfit to attend school. He/ She is fit to attend school.

Signature of Doctor

Name: _____

Regn. No. : _____

Date: _____

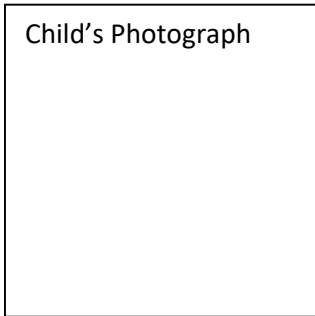
Address: _____

Tel. No. _____

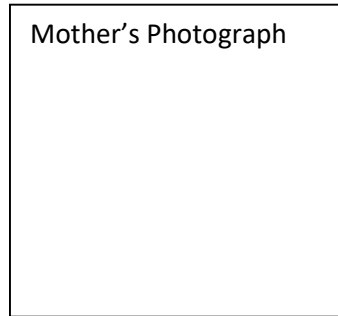
Student's Information Sheet-2024-25

(To be filled in BLOCK LETTERS)

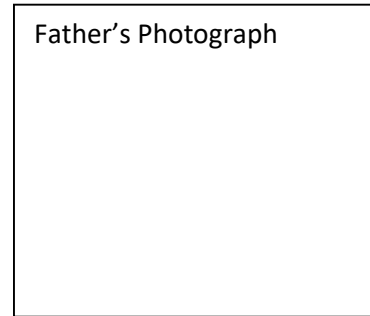
Child's Photograph



Mother's Photograph



Father's Photograph

**GENERAL DETAILS**

Student's First Name _____ Last Name _____

Date of Birth _____

Joining Class _____

Gender: Male _____ Female _____ (Mark a Tick (✓))

Place of Birth _____ Nationality _____

Mother Tongue _____ Religion _____

Aadhar Card No. _____

ADDRESS

Residential Address _____

City _____ Pin Code _____

Telephone No. (Landline) _____ Mobile No. _____

Contact Person (In case of emergency) _____ Contact No. _____

Student's Doctor's Name _____ Doctor's Tel. No. _____

PARENT'S PROFILE**Father's Profile:**

In case the father of the child is an employee of this Institution, please specify: Staff Code _____

Father's Name _____

Occupation _____ Qualification _____

School Attended _____ College Attended _____

Office Address _____

City _____ Pin Code _____

Telephone No. _____ Mobile No. _____

E-Mail _____

Mother's Profile:

In case the Mother of the child is an employee of this Institution, please specify: Staff Code _____

Mother's Name _____

Occupation _____ Qualification _____

School Attended _____ College Attended _____

Office Address _____

City _____ Pin Code _____

Telephone No. _____ Mobile No. _____

E-Mail _____

History – Previous history of the child in case he/ she was studying in some other School

Name of the School _____

Address of the School _____

Duration of study in the School _____

Brother/ Sister of the student studying in this Institution:

Student ID _____

Name _____

Class & Section _____

Transport Required: Yes _____ No _____ (Mark a Tick (√) to whichever is applicable)

If yes, Route No. _____

Pick up point _____

Date from which transport is required _____

Dated: _____

(SIGNATURE OF THE PARENTS)

MOTHER

FATHER