



ACADEMIC SESSION 2024-25
Pre- School (Nursery) Admissions
Notice for 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, Waiting List 11 to 20 from boys and Waiting List 11 to 20 from girls are requested to undertake admission formalities and deposit fee.**
- **Fee submission and document verification will be done on Monday, 05/02/2024 from 9:30 a.m. to 12:00 noon.**
- **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

LIST OF STUDENTS (BOYS) SELECTED IN DRAW OF LOTS

S.NO.	R.NO.	STUDENT'S NAME	POINTS-TOTAL
1	TSS-0289	VEDANT JAJODIA	60
2	TSS-1256	BIVAAN GUPTA	60
3	TSS-0958	KIYANSH MAKHIJA	60
4	TSS-1451	LARRY PAHUJA	60
5	TSS-0813	DAIWIK BAID	60
6	TSS-1185	REYANSH MITTAL	60
7	TSS-1544	KIAN MATHUR	60
8	TSS-0136	AVYAY DHALL	60
9	TSS-1211	KRISHNA RATHI	60
10	TSS-1319	RUDRA RAGHUWANSHI	60

Vincent A. Moses
Principal

ACADEMIC SESSION 2024-25 : PRE SCHOOL ADMISSIONS

LIST OF STUDENTS (GIRLS) SELECTED IN DRAW OF LOTS

S.NO.	R.NO.	STUDENT'S NAME	POINTS-TOTAL
1	TSS-0429	JAYSHA SEHGAL	60
2	TSS-1061	GUNTAAS KAUR	60
3	TSS-0579	HITVI BOTHRA	60
4	TSS-0648	LAVANYA KOHLI	60
5	TSS-0944	JAYAN GARG	60
6	TSS-0592	PRISHA GOEL	60
7	TSS-1163	MISHKA JAIN	60
8	TSS-1108	GAVYA SACHDEVA	60
9	TSS-0275	SIAHH GUPTA	60
10	TSS-0588	RHIDYA AGGARWAL	60

Vincent A. Moses
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

ACADEMIC SESSION 2024-25
Pre- School Admissions - Fee Structure

ADMISSION FEE	(One Time)	200.00
ANNUAL CHARGES	(Per Annum)	28600.00
TUITION FEE	(Quarterly)	23595.00
DEVELOPMENT FEE (15% of Tuition Fee)	(Quarterly)	3540.00
TOTAL		55935.00

- Fee must be paid through cheque/ pay order/ demand draft in the name of "The Srijan School" payable at Delhi or through online bank transaction with the following details. No cash will be accepted.

Account No. (Saving) 614010005495

IFSC Code KKBK0004619

Bank Kotak Mahindra Bank

- Confirmation of admission will be subject to cheque clearance/ credit of transaction.
- Fee structure is liable to be revised if due permission is granted by DOE.

CANCELLATION/ REFUND

- If admission is withdrawn within one month of the date of admission & fee submission, one month's tuition fee and admission charges shall be retained and balance will be refunded.
- No refund will be applicable on cancellation of admission after one month from the date of admission.



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
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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