



Bethesda Christian Academy

“An Educational Wing of New India Church of God (North) Regd.”

1018, Village Bhati, Chattarpur, New Delhi 110074

Contact us: www.bethesdachristianacademy.in

Phone Number(s): 9999000941; 9999000942

Recent Passport Size
Photograph
of the Child

Form No.: Date of Issue: Class:

Name of the Student (in BLOCK letter):

Date of Birth:

Gender:

Place of Birth: Blood Group: Mother Tongue:

Religion:

Category (Attach Proof if Applicable) SC/ST/OBC/Gen:

Residential Address:

..... Pincode:

Child's Aadhaar Card No:

Phone Number:

Nationality:

Last School Attended: Class:

Is your child differently-abled or has any special needs? (Attach Relevant Document)

Does your child have any medical condition?

Father / Guardian's Details

Name:

Age: Qualification:

Aadhaar Card No:

Father's Occupation/Profession:

Designation:

Business (Mention what kind of):

Office Address:

Mobile No. :

Telephone No.:

Email Id:

Approx Annual Income:

Mother's Details

Name:

Age: Qualification:

Aadhaar Card No:

Father's Occupation/Profession:

Designation:

Business (Mention what kind of):

Office Address:

Mobile No. :

Telephone No.:

Email Id:

Approx Annual Income:

Declaration:

We.....(Father) and(Mother) of.....
hereby declare that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, my/our ward shall be automatically debarred from the selection/admission process without any correspondence in this regard. I/We also understand that the application does not guarantee admission to my/our ward. I/We accept the process of admission undertaken and I/We will abide by the decision taken by the school authorities



.....
Father's Signature

.....
Mother's Signature

.....
Guardian's Signature

Place:.....

Date:.....

Documents Required:

- Please attach a self-attested copy of each document mentioned below;
 - Child's Aadhaar Card
 - Child's Birth Certificate (issued by the Govt. Body)
 - Medical Fitness Certificate (By registered Medical Practitioner)
 - Address Proof (Attach Any 2)
 - Ration Card/ Voter Id Card/ Electricity Bill/ Passport/ Bank Passbook
 - Latest Report Card of the Child (If Applicable)
 - Category Certificate (If Applicable)
- The photo of the child should not be older than 15 days.

Special Note;

Please keep the "Original Documents" along with the Admission form during the time of admission.

For Office Use Only:

Admitted in the Class:.....Sec:.....on:.....

Admission No.....Principal Signature:

The School reserves the right to reject invalid forms. The registration form does not guarantee admission