



BIHANI ACADEMY

Diamond Harbour Road, Khariberia,
P.O. Bishnupur, 24 Parganas (S)
West Bengal - 743 503

REGISTRATION FORM

1. Name of Student: _____
[First Name] [Surname]

2. Admission required for Standard: _____ Academic Session: _____

3. Father's Name: _____ Email ID: _____

Contact No: (R) _____ (M) _____ (O) _____

4. Mother's Name: _____ Email ID: _____

Contact No: (R) _____ (M) _____ (O) _____

5. Residential Address: _____

6. Student Required In The School For:

Sl. No.	Event	Date	Day	Time
1	Name			
2	Date of Birth			

Signature of the Parent : _____

Date: _____

Office Signature: _____



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Date : _____

UIN : _____

ADMISSION FORM

Student's
Photo

Father's
Photo

Mother's
Photo

Local Guardian's
Photo

1. Name of Student: _____
[First Name] [Surname]
2. Date of Birth: _____ In Words: _____
[DD/MM/YYYY]
3. Age: _____ 4. Gender: Male ☐ Female ☐ Any Other ☐
[As on 31st March]
5. Address: _____
6. Admission Required For Standard: _____ 7. Session: _____
8. Mother Tongue: _____ 9. Second Language Opted: Hindi ☐ Bengali ☐
10. Religion: _____ 11. Nationality: _____
12. Admission Required For: Day Scholastic ☐ Weekly Boarding ☐ Residential ☐
*For Residential Candidates Only: Vegetarian ☐ Non-vegetarian ☐
13. Record of Previous School Attended:

Name & Address Of Previous School	Last Class Attended	Reason For Leaving

14. Last School Affiliation: CBSE ☐ ISCE ☐ IB ☐ State Board ☐ Any Other: _____
15. If The Candidate Is: (Attach proof wherever applicable) Single Girl Child ☐ Specially abled (Divyangjan) ☐
16. Category (Attach proof if applicable): General ☐ ST ☐ SC ☐ OBC ☐ EWS ☐ CWSN ☐
17. Transfer Certificate Details*:

Transfer Certificate No: _____ Date of Issue: _____

18. Particulars of Family:

Sl. No	Particular	Father	Mother
1.	Name		
2.	Date of Birth		
3.	Qualification		
4.	Occupation		
5.	Official Address		
6.	Annual Income		
7.	Mobile No.		
8.	Email ID		

19. Result of Last Class:

Subject	Maximum Marks	Marks Obtained	% of Marks	Remarks

20. Details of Siblings (if any):

Name of Brother/ Sister	Age	School Attended	Class

21. Local Guardian (If any):

Relationship With The Student: _____ Occupation: _____

Address: _____

Contact No: (R) _____ (M) _____ (O) _____

Email ID: _____

DECLARATION

I certify that information furnished above is complete and correct to the best of my knowledge.

Place: _____
Signature of Father/Mother/Guardian

For Office use only

Applied for admission in class: _____ Granted admission in class: _____

[Signature of Principal]

[Authorized Signatory]



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IDENTITY CARD FORM

Please fill all the details carefully in BLOCK letters

Name: _____

Class: _____ UIN: _____

Blood Group: _____ D.O.B: _____

Guardian Name: _____

Contact No: _____

Additional/Emergency Contact No. _____

Address: _____

[Address should match with proof furnished]

Student's Photo
in
School uniform

SMS NOTIFICATION FORM

Please provide single number to which we can send SMS notification

Child's Name: _____

UIN: _____ MOBILE NUMBER: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____ School Authorized Signature _____



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LETTER OF CONSENT FOR ADVERTISEMENT CAMPAIGN

(To be signed by Parent/Guardian at the time of admission)

Dear Parents,

Your ward being a bonafide student of BIHANI ACADEMY, we would like to take your written consent for using his/her photograph in various Publicity Campaigns which could be displayed in the city for school advertisement campaign at any point of time.

In case you do not wish to allow us to use the photo, please indicate in the form below.

With warm regards,

S. Bandhyopadadhyay

(Principal)

We, Mother _____ (Name in Block Letters) and

Father _____ (Name in Block Letters) of

ward _____ having UIN: _____

- Have NO OBJECTION to BIHANI ACADEMY using my
ward's photograph in any advertising campaign in the City ☐

- We do NOT ALLOW the School to use the Photo ☐

Signature of Father

Signature of Mother

Date



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STUDENT'S HEALTH FORM

1. Name of Student: _____

2. Date of Birth: _____

3. Gender : Male ☐

Female ☐

Others ☐

4. UIN : _____

Student's
Photo

5. Height: _____ Weight: _____ Blood Group: _____

6. Father's Name: _____

Contact No: _____

Mother's Name: _____

Contact No: _____

7. Present Address: _____

8. Person to contact in case of emergency:

Name: _____

Relationship with the student: _____

Contact Nos: (R) _____ (O) _____ (M) _____

Medical History:

- Has your child ever suffered from the following (if yes, kindly provide documents)

☐ Chicken Pox

☐ Measles

☐ Epilepsy

☐ Typhoid

☐ Mumps

☐ Convulsions

☐ Malaria

☐ Small Pox

☐ Heat Stroke

☐ Fever > 104

☐ Chronic Bronchitis

☐ Others .

- Has your child undergone any major injury since birth?

YES / NO

Specify (if yes) _____

- Has your child been hospitalized for any medical purpose?

YES / NO

Specify (if yes) _____

- Is your child allergic to any particular drug / food?

YES / NO

Specify (if yes) _____

- Does your child have normal eyesight?

YES / NO

Specify power if wearing spectacles _____

- Any exceptional medical conditions/allergy

- Do you approve of the school giving your child medication in case of an emergency?

YES / NO

Name of Family Physician _____ Phone No. : _____

I hereby declare that the information provided herein is correct to the best of my knowledge.

Parent/Guardian's Signature

Date

Medical Supervisor's Signature
With Registration No. & Seal



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GENERAL CONSENT AND INDEMNITY FORM

I, _____ (full name of parent or legal guardian - use block letters), parent and/or legal guardian of the under mentioned, over whom I have custody and control, hereby consent to my son/daughter (full name) _____ UIN _____

participating in the various activities (including sports activities, camps and educational outings) arranged, organised or offered by the school and, where relevant, to his being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree to the condition that, while every precaution will be taken for the safety and welfare of my ward and for the care of his/her possessions, I will hold blameless and indemnify all persons, BIHANI ACADEMY and all other organization associated with the activity, should any prejudice, loss damage, illness or injury occur to my ward during the above activity. This includes an indemnity against recovery of costs resulting from damage, loss and/or medical condition or hospitalizations unless such loss is caused by the wilful negligence or deliberate act of the school or one or more of its employees.

I further more appoint the school staff accompanying the tour or group or supervising the activity, to act in *loco parentis* in respect of my ward should the need therefore arise.

RELEVANT INFORMATION CONCERNING YOUR WARD'S CONDITIONS/CIRCUMSTANCES

Does your ward have any medical conditions or allergy of which the teachers accompanying the group need to be aware?

YES ☐

NO ☐

If so, please provide details:

Should medication/hospitalization be necessary, please indicate (if applicable):

- a. Name of your family physician: _____
b. Telephone/Contact No. of family physician: _____
c. Medical Insurance details: _____
d. Name of principal member of Medical aid (usually father) _____
e. Emergency contact number/s over the period of the activity/camp/tour: _____
f. Father's Name: _____ Mobile: _____
Mother's Name: _____ Mobile: _____
Official Guardian: _____ Mobile: _____
Address: _____
_____ Phone (landline) _____

I hereby declare that the information provided herein is correct to the best of my knowledge.

Parent/Guardian's Signature

Medical Supervisor's Signature
With Registration Number & Seal

Date



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DECLARATION

(To be signed by Parent/Guardian at the time of admission)

Date : _____

Name of Ward : _____ UIN : _____

Address: _____

Contact No: _____

1. I/We acknowledge that this admission does not automatically admit our child to BIHANI ACADEMY until all formalities of admission as given and explained to me/us by the school are complete to their full satisfaction. The School reserves the right to make a final decision with respect to final admission.
2. I/We acknowledge that, should this application be accepted our Child & We (his/her parents or guardians) undertake to abide by the policies & regulations of BIHANI ACADEMY failing which our ward may be asked to leave the school.
3. I/We acknowledge that the school will take reasonable care of our ward and exercise due diligence within its premises and during school activities. The school will bear no responsibility, if ward of the applicant exercises any reckless and/or careless behaviour that may endanger his/her safety or others around, and as such cause harm or injury to himself/herself and others.
4. I/We declare that all previous medical and psychological histories are correctly reported in the admission form.
5. On leaving the school, our child shall return any property of the school that they might have borrowed during their time of study in the school.
6. I/We agree that BIHANI ACADEMY reserves the right of refunding/not refunding any fees which is paid at the time of admission in case the child leaves/gets transferred during the course of the academic year. Amount paid towards ADMISSION FEES shall not be refunded under any circumstances by the school.
7. I/We hereby acknowledge and confirm that I/We have understood all the rules and regulations stated herein and they are acceptable to me/us as fair and reasonable.
8. I/We hereby declare that the information provided in the Registration/Admission form is correct to the best of my/our knowledge. In case any information is found to be incorrect or misleading, the school reserves the right to cancel the admission with immediate effect.

(Full Signature of Father)

(Full Signature of Mother)

(Full signature of Guardian)

Name of Father (IN BLOCK)

Name of Mother (IN BLOCK)

Name of Guardian (IN BLOCK)

(To be filled in by Office)

Authorised Signature



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To, _____

Date: _____

Documents to be Submitted

Kindly furnish all the documents mentioned below within 7 days from the date of admission of your ward, so that the process can be completed.

- PHOTOCOPY OF THE BIRTH CERTIFICATE OF THE WARD (1 COPY) ☐
- PHOTOCOPY OF ADHAAR CARD OF THE WARD (2 COPIES) ☐
- PHOTOCOPY OF ADDRESS PROOF (ADHAAR CARD OF PARENTS)(1 COPY) ☐
- 4 PCS PHOTO OF THE WARD (PASSPORT SIZE) ☐
- 2 PCS PHOTO OF FATHER OF THE WARD (PASSPORT SIZE) ☐
- 2 PCS PHOTO OF MOTHER OF THE WARD (PASSPORT SIZE) ☐
- 2 PCS PHOTO OF LOCAL GUARDIAN OF THE WARD (PASSPORT SIZE), if applicable ☐
- ORIGINAL TRANSFER CERTIFICATE (if applicable) ☐
- REPORT CARD OF THE LAST SCHOOL ATTENDED ☐
- MEDICAL REPORTS AND CERTIFICATES (FOR ALLERGIES & BLOOD GROUP) ☐
- FITNESS CERTIFICATE ☐
- PENDING FORMS (if any) ☐

Student Registration Form

☐

Student Admission Form

☐

Student Medical Form

☐

General Consent & Indemnity Form

☐

Letter of Consent- For Ad

☐

Identity & SMS Notification

☐

Declaration

☐

Thanking you,
Bihani Academy

Father's Signature: _____

Signature _____

Mother's Signature: _____