

Yogiraj Omprakash Ji Maharaj
Founder & President
Om Yog Sansthan Trust, Pali



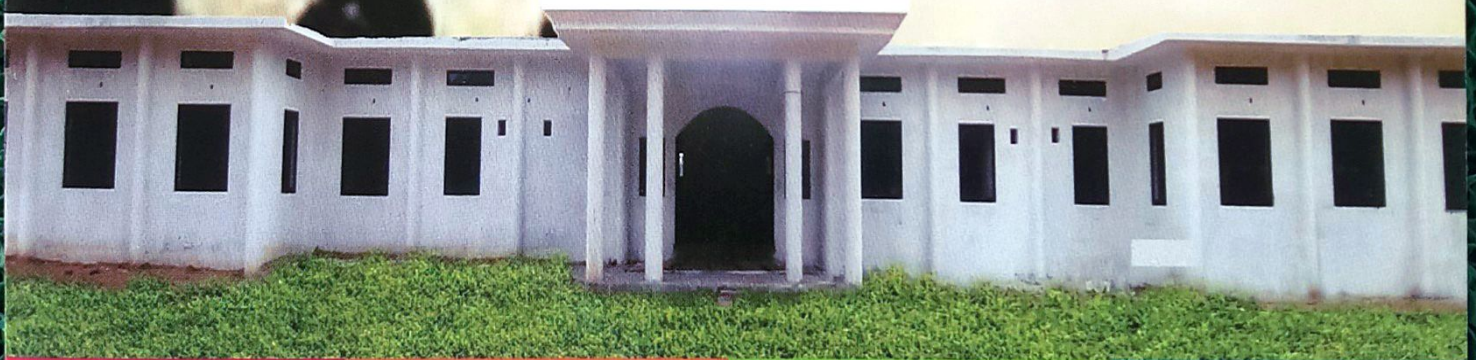
OM SHIKSHA SANSKAR SCHOOL

ENGLISH MEDIUM

Affiliated to C.B.S.E. (Affiliation No. 531774)

Run by : **OM YOG SANSTHAN TRUST, PALI**

OM SHIKSHA SANSKAR SCHOOL



SET OF FORMS Session :

ENCLOSURES

- REGISTRATION FORM
- ADMISSION FORM
- TRANSPORT FORM
- MEDICAL FORM
- PROCEDURES/TERMS & CONDITIONS

Name :

Class : Sec.

Address :

Phone No. :



Salient Features

Library

Computer Lab

Art &
Craft Room

Music Room

Playground

Smart Class



Yoga for Kids

Cleanliness	Excellence	Kindness
Confidence	Flexibility	Love
Cooperation	Forgiveness	Optimism
Creativity	Friendliness	Patience
Enthusiasm	Happiness	Respect





Please read all the instructions carefully before filling the forms.
Please write in legible capital letters only.

Please do not detach any sheet / any part of the pages of this set unless specified.
For assistance contact School's Helpdesk.

OM SHIKSHA SANSKAR SCHOOL

Affiliated to C.B.S.E. (Affiliation No. 531774)

Run by : OM YOG SANSTHAN TRUST, PALI

VILLAGE - PALI, FARIDABAD-121004 (Haryana) INDIA

Phone : 9811470158, 9999670158, 9667450700

E-mail : omssschoo2017@gmail.com

Website : www.omshikshasanskarschool.org

This set of forms is an effort to make the process of your application, simpler and more convenient. Please drop your suggestions/comments in the Suggestion Box kept at the Schools Reception, to help us serve you better.



NOTE:- Only the Registration Form should be submitted at the time of Registration. Admission Form and other forms are required only after the child is granted admission.

IMPORTANT INFORMATION

- *No Certificates / Testimonials are to be submitted along with any form unless specified.
- *Kindly attach the Report Card of last exam passed for Admission to class 1 and above at the time of Registration.



REGISTRATION FORM

S.No. _____

ADMISSION SOUGHT TO:

Class _____

Session _____

Recent
Passport-size
Photograph of the
father/guardian to be
pasted here.

Recent
Passport-size
Photograph of the
mother to be
pasted here.

Recent
Passport-size
Photograph of the
child to be
pasted here.

PARTICULARS OF THE CHILD

Full name of the Child _____ Male Female

Date of Birth (No alteration will be allowed) Date Month Year

in words _____

Age as on 01 April 20____ Years _____ Months _____ Days _____

Nationality _____ Religion _____ Mother tongue _____

Category: (GEN/SC/ST/ANY OTHER) _____
(Attach Proof of Special Category)

Father's/Guardian's Name _____

Mother's Name _____

Residential Address _____

Pin Code _____ Colony/Location _____ Res. Tel No. _____

Mobile Nos.: Father _____ Mother _____

E-mail Address _____

State the approximate distance of your house from the school _____



PARTICULARS OF PARENT'S

PARENT'S QUALIFICATIONS	FATHER/GUARDIAN	MOTHER
Educational Qualification		
University (Name of the Institution)		
Professional Qualification (Name of the Institution)		
PARENT'S OCCUPATION		
Occupation		
Designation		
Name of the Organization		
Address of the Organization		
Office Tel. No.		
Office Timings		
IF IN BUSINESS (I) Nature of Business (II) Whether single owner or partner		

Single Parent Father Yes/No Mother Yes/No

INFORMATION ABOUT THE SIBLINGS (not cousins)

Yes/No If sibling in OM SHIKSHA SANSKAR SCHOOL give details:

Name _____ Class/Sec. _____ Admission No. _____

Does the child have some special needs? Yes/No if yes, state the special needs of the child _____
if yes, Enclose authenticated documents

Name of Previous School _____

Class in which studying in the last school _____ Medium of Instruction _____

Proficiency in sports/co-curricular/outstanding achievements (if any) _____

Whether School Transport/Bus will be required _____

UNDERTAKING FROM THE PARENTS

I/we hereby certify that the above information provided by me/us is correct and I/we understand that if the above information is found to be incorrect or false, the ward may be automatically debarred from selection/admission process without any correspondence in this regard. I/we also understand that the application/registration/short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by school and I/we will abide by the decision taken by the school authorities.

Date: _____

Mother's Signature

Father's/Guardian's Signature



ADMISSION FORM

S.No. _____

ADMISSION SOUGHT TO:

Class _____

Session _____

Recent
Passport-size
Photograph of the
father/guardian to be
pasted here.

Recent
Passport-size
Photograph of the
mother to be
pasted here.

Recent
Passport-size
Photograph of the
child to be
pasted here.

We, _____ and _____ desire to have our son/daughter/ward whose particulars are given below to be admitted as a day scholar in your school:

INFORMATION OF CHILD

Last Name

First Name

Gender

Male Female

Date of Birth

--	--	--	--	--	--

Date of Birth in Words

Class for which Admission is sought

Religion

Nationality

OBC / SC / ST

Yes No

RESIDENTIAL ADDRESS

Tel. No.

CORRESPONDENCE ADDRESS

Tel. No.

Emergency Contact No. Mobile:

FAMILY INFORMATION FATHER/GUARDIAN

Name	Age	Nationality
Educational Qualification	Organization Working for	Designation
Office Address	Tel. No.	



FAMILY INFORMATION MOTHER

Name	Age	Nationality
Educational Qualification	Organization Working for	Designation
Office Address		Tel. No.

SCHOOL:

Previous school attended, if any _____ (recognised /not recognised)
 School Transfer Certificate in Original to be submitted along with.

INFORMATION ABOUT THE SIBLINGS (not cousins)

	Brother's/Sister's Name	Age	Class	Name of the school	If in OSSS Admission No.
1.					
2.					

IN CASE OF STAFF'S WARD

Name _____ Designation _____

Area in which you can contribute towards the enrichment of the school:

- Cultural
 Medical
 Media
 Academic
 Sports

Any other _____

I hereby certify that the information given in the Admission Form is complete and accurate. I understand and agree that false presentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. I have read & do hereby consent to the terms and Conditions enclosed with the Set of Form.

 Mother's Signature

 Father's/Guardian's Signature

Date: _____

Date: _____

Kindly Enclosed: School Transfer Certificate
 Birth Certificate
 Aadhar Card

Note: You will be requested to bring Original documents for verification.

FOR SCHOOL USE ONLY

Check list

- Birth/Transfer Certificate
 Transportation Form
 Medical Form
 Admission Fees

Information on Student

Class/Section:
 House Allotted:

 Accounts Officer

 Head of the Institution

Date: _____

Date: _____

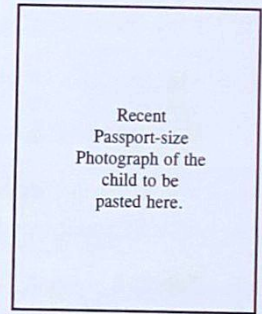


TRANSPORT FORM

(USE CAPITAL LETTERS ONLY)

Form No. _____

Admission No. _____



Is the school transportation required? Yes/ No

If no, are you in a position to provide safe transportation to the student, to and from the school? Yes/ No

We request that our Son/Daughter/Ward, whose particulars are given below, be permitted to use the school bus for his/her safe journey between _____ and School w.e.f. _____

INFORMATION OF CHILD

Last Name

First Name

Gender

 Male Female

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age

Class

Section

FAMILY INFORMATION

Last Name of the Father/Guardian

First Name of the Father/Guardian

Last Name of the Mother

First Name of the Mother

RESIDENTIAL ADDRESS

Tel. No.

Mobile (Father)

Mobile (Mother)

IN-CASE OF EMERGENCY

Name

Relation

Tel. No.

Mobile



NOTE:

1. We understand that the Routes charted by school will not change and any request for the same will not be entertained. Transport fee is levied keeping the budget and all overhead expenses in view is the sole discretion of the school management.
2. Mid Session withdrawal from use of school transport will not be permitted under any circumstances.
3. We understand that it would be our responsibility to drop and pick-up our child at/from the specified bus-stop.
4. We accept that the bus facility is extended to our ward at our own risk and the school management will not be responsible legally, morally and financially for any mishap.
5. School Transport Facility may not be provided during Public Strikes and any interception caused due to any political, social or religious protests, procession etc.
6. We understand that our ward will be allowed to travel in the school bus only if seat is available on the route.
7. We have read and do hereby consent to the terms and conditions regarding school transportation.

Mother's Signature

Date: _____

Father's/Guardian's Signature

Date: _____



MEDICAL FORM

(USE CAPITAL LETTERS ONLY)

Admission No. _____

Note: Please Keep us informed of changes in address and also any other information concerning the health of your child relevant to his/her care during school hours.

Recent
Passport-size
Photograph of the
child to be
pasted here.

INFORMATION OF CHILD

Last Name

First Name

Gender

Male Female

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age

Class

Section

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FAMILY INFORMATION

Last Name of the Father/Guardian

First Name of the Father/Guardian

Last Name of the Mother

First Name of the Mother

RESIDENTIAL ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel. No.
<input type="text"/>
Mobile (Father)
<input type="text"/>
Mobile (Mother)
<input type="text"/>

IN-CASE OF EMERGENCY

Name
<input type="text"/>
Relation
<input type="text"/>
Tel. No.
<input type="text"/>
Mobile
<input type="text"/>
Mobile
<input type="text"/>



MEDICAL INFORMATION OF CHILD

Blood Group:

Immunization Status (Attach Photocopy of Immunization Card) Allergies if any to medicine and food

<input type="checkbox"/> BCG	<input type="checkbox"/> OPV	<input type="checkbox"/> DPT
<input type="checkbox"/> Booster for OPV	<input type="checkbox"/> Booster for DPT	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Measles	<input type="checkbox"/> MMR	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Any other	

Birth History Complication/History of major illness, if any: _____

Mother's Signature

Father's/Guardian's Signature

Family Doctor's Signature

Date: _____

Date: _____

Regn. No. _____ Tel.No. _____

Date: _____



PROCEDURES & TERMS AND CONDITIONS

1. REGISTRATION PROCEDURES AND RULES

- 1.1 Registration Forms are to be filled in and submitted to the School Office before the end of the Registration period.
- 1.2 Incomplete or illegible Registration Forms, without photographs will not be processed / accepted.
- 1.3 The mere issue of form or registration does not imply admission which is subject to meeting the criteria set by the school and the availability of seats.
- 1.4 Photocopy of Birth Certificate issued by Municipal Corporation or concerned Civic Authority must accompany the Registration Form for classes Nursery & K.G. Photocopy of report card of the last exam passed must be attached with the Registration Form for classes I & above.
- 1.5 Age for admission to class Nursery is 3+ as on 31st March for the year in which admission is sought.

2. ADMISSION PROCEDURE

- 2.1 Admission will be granted as per Government Guidelines.

3. ADMISSION FORMALITIES

- 3.1 Successful candidates whose names are included in the list must pay the fees by the due dates indicated on the list, otherwise admission will automatically stand cancelled.
- 3.2 Parents are requested to carefully fill and submit the Admission Form, Transport Form and Medical Form at the time of payment of school fees. These Forms are enclosed in this booklet.
- 3.3 The date of birth of the child is required to be supported by the Birth Certificate in original issued by the Municipal Corporation/ Local Bodies as applicable, along with a certified Photostat copy thereof. An affidavit or any other evidence is not acceptable in support of Birth Certificate. It is to be attached with the Admission Form for classes Nursery & KG. For class I & above, Transfer Certificate is to be attached. For Class V & above Transfer Certificate must be counter signed by the concerned State Education Authority.
- 3.4 The child will be granted the student Identity card only after all three forms are duly filled and the admission formalities are completed.
- 3.5 Parents are to report to the reception counter on the dates specified in the joining instructions, along with the student I-card. The ward will not be allowed to attend classes if the Identity / Admission card is not produced.
- 3.6 The child has to report in complete School Uniform, along with books and stationery as prescribed by the school.

4. PROCEDURE OF FEE PAYMENT

- 4.1 Fee is charged Monthly/Bi-Monthly for every student.
- 4.2 Fee at the time of admission is payable by Cash/Demand Draft / Debit or Credit Card / Pay-order in favour of OM SHIKSHA SANSKAR SCHOOL payable at Faridabad, Haryana
- 4.3 The Name of your ward, Class and Registration No. should be written at the back of the Demand Draft / Pay Order.
- 4.4 The Name of payment of school fee is 12th of the month. A fine of Rs. 10/- per day shall be levied from the 13th of the month in which the school dues are to be paid.
- 4.5 The fee counter remains open from 8:00 A.M. to 1:30 P.M. in summers and 8:30 A.M. to 2:00 P.M. in winters on all working days.



5. NON-REFUND OF FEES

- 5.1 Fees once paid are not refundable for any reasons whatsoever.

6. MEDICAL FACILITY

- 6.1 The school has a well equipped sick-bay to deal with any emergency.
6.2 The school provides facility of First-Aid only.
6.3 The school cannot be held responsibility for any injury suffered by a child. No reimbursement of charges would be made towards any medical treatment.

7. SCHOOL TRANSPORT / BUS RULES

- 7.1 Request for using the school bus must be made at the beginning of the session, i.e. April. No request will be entertained during the mid session.
7.2 Existing routes will continue to ply. Change in route and bus stop will not be entertained during the session.
7.3 It will be the sole responsibility of the parents to escort the child to and from the fixed bus stop. The bus facility is extended at the sole risk and responsibility of the parents.
7.4 Parents are expected to treat the bus staff courteously. Do not give direct instruction to Bus Staff, Driver or Conductors. Any suggestions or complaints should be reported at the school reception or to the transport in-charge.

8. RIGHT OF ALTERATION/MODIFICATION

- 8.1 Management reserves the right to modify, alter and / or include any other terms and conditions that may be deemed fit in the interest of the institution.

9. WITHDRAWAL RULES

- 9.1 Application for withdrawal is to be made on a prescribed Proforma available in the School office. No child withdrawn till a written request from parents is put up. A one month notice period or one month notice fee is required for withdrawal.
9.2 Clearance must be obtained from the laboratory and library in-charge before applying for withdrawal.
9.3 Transfer Certificate will be issued after one week of the receipt of the application and clearance of all dues.

DISCLAIMER: All the above terms and conditions are subject to amendment from time to time as per the decision of the School Management. The decision of the management shall be final in all matters pertaining to the admission process and policy matters of the school.

INTRODUCING SMART CLASS (COMPUTERISED)



**"STRONG ACADEMIC FOUNDATION PROMISING
FUTURE ELEGANT LIFE"**

Come, Visit & See the Difference

- Blended / Holistic Development & Activity based Education
- Standardized Curriculum
- Moral Education & Character Building
- Asana, Pranayam
- Physical Training
- Cultural & Sports Events
- Summer & Winter Camps
- Secured & Safe Environment
- Qualified and Trained Teaching Staff
- Trained Caretakers
- AC Class Rooms
- Transport Facility
- CCTV, Power Backup & RO Drinking Water



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