



Bethesda Christian Academy

(Affiliated to CBSE Delhi)

Bethesda Nagar, Goyna, Modi Nagar Road, Hapur-245101 (U.P.)

Mob. No.: 08449196671

E-mail.: bcahapur@yahoo.co.in. Web.: bcahapur.edu.in

Recent Passport Size
Photograph
of the Child

ADMISSION FORM

Form No.: (Office Use Only) _____ Date : _____ Class for Admission: _____

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 : _____

Last School Affiliated : _____

Permanent Education Number (Child) : _____

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: _____

Mother / Guardian's Details

Name: _____

Age : _____ Qualification _____

Aadhaar Card No.: _____

Mother's Occupation / Profession: _____

Designation: _____

Business (Mention what kind of): _____

Office Address: _____

Mobile No.: _____

Telephone No.: _____

Email id: _____



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: _____

Admission Incharge Sign.

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)
Voter Id Card / 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 submit the completed application form along with document copies, registration fee and photo to the Admissions Office as per date sheet issued on website.

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

★ Registration fee of Rs. 250 Payable by cash / online on submission of form (Non-refundable)

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