



TAGORE INTERNATIONAL SCHOOL

(REGISTERED & GOVT. RECOGNISED)

E BLOCK, EAST OF KAILASH, NEW DELHI - 110 065

PH.: 011-26420088, 011-26433001 FAX: 011-26414080

E-mail : info.eok@tagoreint.com Website : www.tagoreint.edu.in

PROCESSING FORM

PROCESSING FORM NO.: _____

(To be filled by the office)

CLASS APPLIED FOR : _____

CLASS PRESENTLY STUDYING IN : _____

SCHOOL PRESENTLY STUDYING IN : _____

Latest photograph
of candidate to be
affixed here

1. Name of the Child (in block letters) :

2. Date of Birth :

In figures

Date

Month

Year

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In words _____

3. Gender :

Male

Female

4. Nationality :

5. Aadhar No.:

6. Blood Group :

7. Residential Address :

8. Residential Phone No. (s) :

9. Mother's Mobile No.:

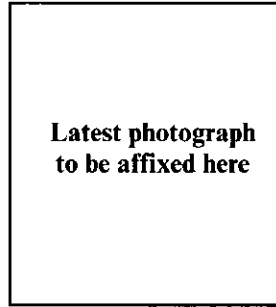
Father's Mobile No.:

10. a. No. of Real Brother/s and Sister/s of the Candidate :

b. Details of Real Brother/s and Sister/s Only :

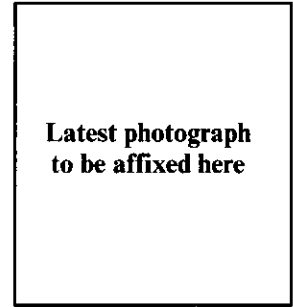
S.No.	Full Name	Age	Class & Sec.	Name of School studying in currently

11. INFORMATION ABOUT PARENTS :



Latest photograph
to be affixed here

FATHER



Latest photograph
to be affixed here

MOTHER

- ❖ Name _____
- ❖ Academic Qualification _____
- ❖ Name of School Attended _____
Town City _____
- ❖ Name of College Attended _____
(Graduation) Town City _____
- ❖ Name of College Attended _____
(P. Graduation) Town City _____

OCCUPATION :
(tick whichever is applicable)

- | | | | |
|---|--------------------------|--|--------------------------|
| a) Professional / Class / Officer /
Lecturer | <input type="checkbox"/> | a) Professional /Class / Officer /
Lecturer | <input type="checkbox"/> |
| b) Professional Entrepreneur /
Teacher | <input type="checkbox"/> | b) Professional Entrepreneur /
Teacher | <input type="checkbox"/> |
| c) Businessman / Non
Professional Service | <input type="checkbox"/> | c) Businessman / Non
Professional Services | <input type="checkbox"/> |
| d) Semi-Skilled | <input type="checkbox"/> | d) Semi-Skilled | <input type="checkbox"/> |
| e) Any other | <input type="checkbox"/> | e) Any other | <input type="checkbox"/> |

- ❖ Designation : _____
- ❖ Name of the Organization : _____
- ❖ Name of Business : _____
- ❖ Office Address : _____

- ❖ Office Tel. (No)s : _____
- ❖ Email : _____
- ❖ Are you TIS, EOK alumnus : Yes No Yes No

If yes, year of passing
Class XII

If yes, year of passing
Class XII

(Only those Who graduated from Class XII from TIS, EOK will be considered for Alumni category)

12. DOES THE CHILD HAVE SPECIAL NEEDS? YES NO

If yes, tick whichever is applicable:

- a. Learning disability / difficulty
- b. speech delay / difficulty
- c. Language delay / difficulty
- d. Physically challenged
- e. Any other

Please give details: _____

13. Name three books that you have purchased for your ward in the last one year.

14. Enlist your ward's responsibilities at home.

15. How do you and your ward spend leisure time together?

Indoors : _____

Outdoors : _____

16. What do you admire most about your ward?

17. Any other information you would like to provide about yourself.

18. IN WHICH OF THESE AREAS CAN YOU OFFER YOUR SERVICES (NON-FINANCIAL) TO THE SCHOOL:
(Tick whichever are applicable)

- i) Tours & Excursions
- ii) Substitute Teacher
- iii) School Events
- iv) Visiting Faculty
- v) Sports Events / Coaching
- vi) Any other area (Please specify)

GENERAL INSTRUCTIONS

- a. Please enclose the following documents:
 - Photocopy of Birth Certificate
 - Transfer Certificate (to be submitted at the time of admission)
 - Photocopy of the latest Report Card
 - If admission is sought in class IX or X, a certificate of the 3rd language passed in class VIII.
- b) The form should be filled by the mother / father in her / his own handwriting.
- c) Please fill in complete information and in block letters.
- d) Transport facility will be provided by the school only on existing routes.
- e) The registration form, complete in all respects, must be submitted to the office by _____ between 9.00 a.m. and 12 noon on a working day.
- f) Registration is no guarantee of admission.

CERTIFICATE FROM PARENTS (S)

I/We hereby certify that:

- a. The above information provided by me / us is correct and has been filled in personally by me/ us.
- b. 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.
- c. I / We also understand that the application / registration does not guarantee admission to my / our ward.
- d. I / We abide by the decision taken by the school authorities in the process of admission.

Signature of Mother

Signature of Father

Date : _____

Date : _____

**INCOMPLETE FORM WILL NOT BE CONSIDERED
AND WILL BE DISQUALIFIED**