

PITAMPURA

PRESCHOOL ADMISSION for OPEN SEATS (2025-2026)

- The list of all the applicants selected after the draw of lots is as under.
- ALL THE PROVISIONALLY SELECTED CANDIDATES HAVE TO REPORT TO SCHOOL FOR VERIFICATION OF DOCUMENTS.
- Kindly report on the specified date and time for verification of documents. No change of date and time will be entertained.
- Classes for Pre-School will be held in school premises building in the Maulana Azad Society.
- The school may not be able to provide transport facility.
- The scoring has been done by the computer on the basis of the information filled by the parents. No verification has been done by the school at this stage.
- The school will verify the details as per the filled information.
- Any information found incorrect/incomplete at the time of verification during the admission process will lead to cancellation of selection at the time of admission.
- The parents are informed to bring the call letter and all the documents mentioned in it.



CALL LETTER

REG. No 22025 Applicant's Name:-	
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Dear Parent,

I am glad to inform you that your ward has been **selected (provisionally)** as per the Guidelines of the Hon'ble High Court and the Department of Education, for admission for the session 2025-2026, at the entry level.

- ADMISSION SHALL BE SUBJECT TO VERIFICATION OF ALL RELEVANT DOCUMENTS.
- BOTH THE PARENTS ARE REQUESTED TO COME IN PERSON FOR THE VERIFICATION OF DOCUMENTS.
- YOU ARE REQUESTED NOT TO BRING YOUR CHILDREN ALONG.

SECTION I

Please report at Gate No. 1.

You are requested to bring the following documents for verification-

- 1. CALL LETTER (THIS PAGE)
- 2. Online form
- 3. Original Birth Certificate along with the self-attested photocopy (Original will not be returned).
- **4.** Three passport size coloured photographs each of the Father, Mother and child (Photograph of the child should be in RED T-SHIRT with BLUE BACKGROUND).
- 5. Proof of Residence: As specified in the registration form (of both the parents and the child-Get the Photocopy and Original for verification)***.
- 6. Aadhar Card of the Father, Mother and child (Original along with the self-attested photocopy). Residence address must be same in all the three Aadhar cards.
- 7. Medical Certificate and vaccination chart (as provided on the school website) signed and attested from a Registered Doctor (At least MBBS).
- 8. PAN Card of the parents (original along with the self attested photocopy).
- 9. **Declaration cum Undertaking** on stamp paper of ₹50/- (Text is attached). Matter in the declaration should be duly typed, **not handwritten**.
- 10. Undertaking for **first born** declaration on a stamp paper of Rs.10/-(Text is attached).
- 11. Undertaking for **address proof** on a stamp paper of Rs.10/- (Text is attached).
- 12. **Latest Fee receipt (Qtr 4) of the elder Sibling only** (for sibling case). The fee slip must be signed, stamped, and verified by the school reception.
- 13. Class 12 passing certificate of CBSE only (for Alumni cases of BBPS, Pitampura), original along with the photocopy (Both the sides).
- 14. For Alumni, please get registered with the "Alumni Association" at the Alumni Desk, at the school reception, if not already registered.
- 15. Original and self-attested photocopy of Minority Certificate (if applicable as required by the Directorate of Education.)
- 16. Original and self-attested photocopy of Caste Certificate (OBC/SC/ST) (if applicable as required by the Directorate of Education.)
- 17. The matter of the undertakings should be as per the format provided on the school website of BBPS, Pitampura. No handwritten undertakings will be accepted by the school.



*** Aerial Distance between the school (Gate No-1) and the residence address filled in the online form will be verified by Google map only.

You are requested to complete the verification formalities on the given date and time. The school will accept the fees only after completion of the verification process.

NOTE-

- 1. NO CHANGE IN THE DATE WILL BE ENTERTAINED. NO REQUEST/EXTENDED TIME FOR SUBMISSION OF DOCUMENTS WILL BE PERMITTED.
- 2. KINDLY ENSURE THAT THE RESIDENCE ADDRESS, NAME OF THE CHILD AND THE PARENTS IS THE SAME ON ALL DOCUMENTS SUBMITTED(i.e. Registration Form, Birth Certificate, Aadhar card, Affidavits)
- 3. THE FEES WILL BE COLLECTED THROUGH D.D. ONLY AFTER THE VERIFICATION OF DOCUMENTS.

PLEASE NOTE THAT WITHOUT THE ABOVE-MENTIONED DOCUMENTS, ADMISSION WILL NOT BE GRANTED TO YOUR WARD.

NOTE-Please carry your own blue ball pen, pencil, eraser, stapler, fevistick and black CD marker (OHP) for filling up of the forms.

Yours Sincerely (Ms. Sonia Chhabra) Principal

Dear Parent, You are requested to furnish a Declara typed on a Rs 10/- non judicial Magistrate/Notary public, at the time of	stamp paper, d		
The Principal, Bal Bharati Public School , Pitampura, Delhi – 110034 Date:			
DECLARATION C	UM UNDERTAKINO	G	
FIRST BORN CHILD			
We, Father and Moth solemnly affirm and declare that the adoes not have any other older sibling in	above mentioned	child is our f	irst born child and
Application number 22025			
Name of the father	Sign		
Name of the mother	Sign		
Verified at Delhi on day of true and correct to my knowledge and			
DEPONENT			

typed on a Rs 10/- no Magistrate/Notary public, a	n judicial stamp paper, it the time of admission.	dertaking (Specimen as under) of the control of the	lass
The Principal, Bal Bharati Public School, Pitampura, Delhi – 110034 Date:	DECLARATION CUM UNI	DERTAKING	
	RESIDENTIAL ADDRESS	UNDERTAKING	
We, Fatherhereby solemnly affirm and	and Mother d declare that our residen	of do nce address is	
and we have been staying a	t this address since	 years.	
Registration Number			
Name of the father	Sign	n	
Name of the mother	Sign	n	
		ne contents of my above affidavit cts have been concealed therein	
DEPONENT			



BAL BHARATI PUBLIC SCHOOL, PITAMPURA, DELHI *MEDICAL CERTIFICATE (2025-26)*

Name of the child	F	Registration No. 22025
Date of Birth	Ge	nder
Session2025-26		Class PRE SCHOOL
Father's Name		
Mobile No. Father		(Mother)
Residential Address		
	I	Delhi
Office Address		
GENERAL EXAMINATION-		
Blood Group**		·
. Is the child allergic to any medicine	-	od items
Has the child been hospitalized even hospitalization-		
Is your child a special needs child		·
Is the child on any regular medication		
		BPSugar
		TBThyroid
		Any other
Doctor's note and fitness verification-	,** <u></u>	
Doctor's Name		(in capital letters)
Signature-		
Stamp-		
** MANDATORY INFORMATION		

VACCINATION (To be certified by a Registered Medical Practitioner)

• Kindly bring the photocopy of the vaccination chart of your ward duly attested by the Doctor along with this form.

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HIB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken-Pox	After 1 Year		
DT-OPV	4½ Years		

Name and Signature of father

Name and Signature of mother

Name and Signature of Doctor

Stamp of Doctor

Dear Parent,

You are requested to furnish a Declaration cum Undertaking (Specimen as under) duly typed on a Rs. 50/- non-judicial stamp paper, duly attested by a 1st Class Magistrate/Notary Public and submit the same along with the Medical Certificate, at the time of admission.

[The undertaking follows on next page]

The Pr	rincipal,
Bal Bh	arati Public School
	DECLARATION CUM UNDERTAKING
	I, Guardian (Father/Mother) ofresident
	ofdo hereby solemnly declare & undertake that:
1.	All the information given by me in various forms and documents is true to best of my knowledge. In case,
	any information is found incorrect, the Management is free to take action it deems fit including the
	cancellation of admission of my ward Registration No
2.	The address provided by me in the Registration form and Admission form is the one where my family along
	with the ward are residing. In case, this information is found incorrect, I understand that admission of my
	wardwill be treated as cancelled automatically.
3.	I agree to provide additional documents whenever required / requested by the School.
4.	I do understand and am satisfied that the School Management is very cautious about the safety and welfare
	of children. In spite of best efforts, and all possible precautions and safety measures taken by the School, any
	mishaps may happen due to any extraneous factors which are beyond the control of the School, and in such
	cases I shall not blame the School Management in any manner and I shall have no claim at all whatsoever

- 5. The School will not be liable for any damages/charges on account of any mishap, injuries (total or otherwise) which may be sustained by my ward ______ at any time while taking part in any curricular, cocurricular or extracurricular activities/or while taking part in games and sports/or during traveling or excursion / or during any other normal activities / or by contacting any illness or disease (s) inside or outside the School premises. All expenses that may be incurred on the treatment of such injuries will be borne by me.
- 6. I further undertake that the decision and action taken by the School authorities from time to time in maintaining order and the School discipline shall be final, I undertake to abide by the decision (s) taken by School authorities in this regard.
- 7. I undertake that I shall not take any proceeding (s) legal or otherwise against the School authorities for any mis happening (s) or for any disciplinary action taken by the School.
- 8. I have noted the fee structure of the School and have no grievance regarding the same. I understand that the School has to increase its fee every year to meet its running costs as per budgets approved by the Managing Committee. I undertake to abide by the fee structure passed by the School Managing Committee and will pay the fee in time.
- 9. I undertake to follow instructions / circulars issued by School from time to time.
- 10. In case Private Van/ Cab is opted by me for transportation of my ward, then I will ensure safety & security as per the norms issued by the competent court & the state government from time to time and shall provide requisite information & documents to the School.
- 11. I understand that the photographs provided by the parents/ students and the photographs of my ward clicked in School activities/ functions are uploaded on the School website and/or other School related magazine/ portal and I would not have any objection regarding the same.
- 12. As a parent/ guardian, fully aware of the Digital Personal Data Protection Act, 2023 (which provides for the processing of digital personal data in a manner that recognizes both the right of individuals to protect their personal data and the need to process such personal data for lawful purposes and for matters connected therewith or incidental thereto, hereafter, the Act), I hereby provide my full and informed consent under the Act, voluntarily, willfully and without coercion, and authorize the School to collect, process, retain and utilize the personal data & the copy of personal documents submitted at the time of admission relating to my ward and myself for academic, administrative, and communication purposes. The School may utilize the personal data and said documents, pictures, video images of participation of my child in School activities whenever and wherever required by the School's process, a government guideline or as per law, with DoE / Court/ Tribunal/ CBSE or with any other government department or authority that the School deems necessary, during the tenure of my ward in the School, or subsequently, as the case may be. I shall not raise any objection in this regard and it shall be deemed to have been done with my consent. I acknowledge that my consent is voluntary and can be withdrawn at any time, but not without first withdrawing my ward from the school.
- 13. I have given this undertaking without any pressure as of my own will & accord.

This declaration cum undertaking is executed by me on this Delhi.	day of	2024 at
SIGNATURE OF EXECUTANT		
NAME		
Witness: (1)	Witness: (2)	
Signature	Signature	
Name	Name	
Address	Address	