Application Number: 92

DEMO SCHOOL

Noida 42 Delhi-43
(Recognized by Govt. Of NCT Delhi, School ID-1514114)
Tel.: 123456789
Email: pgsbaprola@gmail.com

Photograph of the father	Photograph of the mother	Photograph of the student

INFORMATION ABOUT STUDENT

Name of the student (In block letter)

First Name ..... Middle Name ..... Last Name .....

Date Of Birth ..... Aadhar No. ..... Gender .....

Admission- Old ☐ New ☐

(a) Age as an 1st April of the Academic Year: Day Month year

(Day) (Month) (Year)

(PHOTOCOPY OF BIRTH CERTIFICATE OF M.C.D/T.C. TO BE ENCLOSED)

Father's Name .....

Mother's Name .....

Sibling Status(if .....

Present Address .....

.....

Nationality ..... Religion .....

Category-Gen. ☐ OBC ☐ SC/ST ☐ Caste Category .....

Contact No. ..... Landline with area .....

E-mail ID .....

Correspondence address .....

.....

.....

PREVIOUS ACADEMIC RECORD

Name of the last attended school with .....

Class/Grade ..... Class Marks Obtained .....

OTHER DETAILS

Father's educational qualification .....

Father's occupation ..... Aadhar No .....

Mother's educational qualification .....

Mother's occupation ..... Aadhar No .....

FOR TRANSPORT REQUIREMENT

Name of the .....

Residential address .....

.....

Contact No. .....

(Please keep the school informed of the changes in the address and contact Numbers)

From where you go to know about our school?

By word of month ☐ Through Newspaper ☐

Our website ☐ Any other source ☐

Why did you choose our School?

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DECLARATION OF THE FATHER/MOTHER/GUARDIAN

I Hereby certify that the information given in the registration from by me is accurate and complete. I understand and agree that mis representation or omission of facts will lead to denial and cancellation of admission or expulsion. I have read and hereby agree to the Terms and Conditions enclosed with the registration form

Signature of the Father/Mother/Guardian

Date:____/____/_____

Note: Colored Photo-3, Aadhar Card Photocopy-2, Marksheet Photocopy-2, Transfer Certificate- Original.

✂.....

application received for

FOR OFFICE USE ONLY

Application No.

Name of the student .....

application received for ..... class.

Date ..... Signature .....