

Affiliation No. :
School Id :
School Code : 1925374



011-26284380
011-65163291

SANT NIRANKARI PUBLIC SCHOOL

(Opp. Gali No-15) Govind Puri, New Delhi-110019

(Recognised upto VIII Class)

E-mail : snps.govindpuri@gmail.com Visit us at: snps.edu.in

ADMISSION FORM

For office use only

Form No.:

Admission No _____				Photo
Admitted to class _____ sec _____	English	Math	Hindi / Science	
Submitted documents				
Birth Certificate/School Leaving Certificate in original				
Residence Proof & Adhaar Card of Student				
Caste certificate				
Report Card of Previous School				
Medical Certificate & Blood certificate				H. M.

STUDENT INFORMATION:

ADMISSION SOUGHT CLASS _____

1. NAME _____
2. GENDER _____
3. DATE OF BIRTH

4. DATE OF BIRTH (IN WORDS) _____
5. ADHAAR CARD NO. _____
6. RESIDENTIAL ADDRESS

7. BLOOD GROUP _____
8. DISTANCE FROM SCHOOL (KM) _____
9. NATIONALITY _____
10. RELIGION _____
11. MOTHER TONGUE _____
12. CASTE (OBC / SC / ST/ GENERAL) _____
13. NAME OF PREVIOUS SCHOOL _____
14. LAST CLASS & NO OF DAYS ATTENDED _____
15. MEDIUM OF INSTRUCTION _____
16. SIBLING IN S.N.P.S.NAME & CLASS _____
17. BANK ACCOUNT NO OF STUDENT _____
18. PARENT ALUMNI NAME &YEAR _____
19. MEDICAL CONDITION (IF ANY) _____
20. DISABILITY (IF ANY) _____

(P.T.O.)

PARENTS INFORMATION:

FATHER / GUARDIAN NAME _____

QUALIFICATION _____

OCCUPATION _____

ANNUAL INCOME _____

MOBILE NO: _____

RESIDENTIAL ADDRESS _____

OFFICE ADDRESS _____

TELE PHONE NO : _____

MOTHER/ GUARDIAN NAME _____

QUALIFICATION _____

OCCUPATION _____

ANNUAL INCOME _____

MOBILE NO: _____

RESIDENTIAL ADDRESS _____

OFFICE ADDRESS _____

TELEPHONE NO: _____

TRANSPORT INFORMATION:

Transport facility from school YES/NO. If yes kindly choose the closest stop _____.

UNDERTAKING

I, _____ father/mother of _____ undertake that

- I abide by all the school rules and regulations in force and amended from time to time.
- My son / daughter will submit to the discipline of the school.
- I hereby declare that information given above by me is based on facts and authentic records. Therefore no request will be made for changes in the above filled records.
- Admission of my child may be cancelled if any information is found to be false.

Note: All the information should be in BLOCK LETTERS and no cutting will be accepted.

Signature of Father
(With Full Name)

Signature of Mother
(With Full Name)