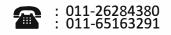
Affiliation No. : School Id

School Code : 1925374





## SANT NIRANKARI PUBLIC SCHOOL

(Opp. Gali No-15) Govindpuri, New Delhi-110019 (Recognised upto VIII Class)

## **ADMISSION FORM**

For office use only

Form No.:

| Admission No   | _ |         | r       |                 |             |
|--|---|---------|---------|-----------------|-------------|
| Admitted to classsec _   |   | English | Math    | Hindi / Science |             |
| Submitted documents  |   |         |         |                 |             |
| Birth Certificate/School Leaving Certificate in original Photo |   |         |         |                 |             |
| Residence Proof & Adhaar Card of Student                       |   |         |         |                 |             |
| Caste certificate Report Card of Previous School               |   |         |         |                 |             |
| Medical Certificate & Blood certificate                        |   |         |         | н. м.           |             |
| Wiedical Certificate & Blood Certificate                       |   |         |         | 11. 141.        |             |
| STUDENT INFORMATION:   |   | ADMI    | SSION S | OUGHT CLASS     |             |
| NAME   |   |         |         |                 |             |
| GENDER   |   |         |         |                 | <del></del> |
| DATE OF BIRTH  |   | Ť       | T       | ř               |             |
|  |   |         |         |                 |             |
| DATE OF BIRTH (IN WORDS)                                       |   |         |         |                 |             |
| ADHAAR CARD NO.  |   |         |         |                 |             |
| RESIDENTIAL ADDRESS  |   |         |         |                 |             |
|  |   |         |         |                 |             |
| BLOOD GROUP  |   |         |         |                 |             |
| DISTANCE FROM SCHOOL (KM)                                      |   |         |         |                 |             |
| NATIONALITY  |   |         |         |                 |             |
| RELIGION   |   |         |         |                 |             |
| MOTHER TONGUE  |   |         |         |                 |             |
| CASTE (OBC / SC / ST/ GENERAL)                                 | - |         |         |                 | <u> </u>    |
| NAME OF PREVIOUS SCHOOL  |   |         |         |                 | -           |
| LAST CLASS & NO OF DAYS ATTENDED                               | - |         |         |                 |             |
| MEDIUM OF INSTRUCTION  |   |         |         |                 |             |
| SIBLING IN S.N.P.S.NAME & CLASS                                |   |         |         |                 |             |
| BANK ACCOUNT NO OF STUDENT                                     |   |         |         |                 |             |
| PARENT ALUMNI NAME &YEAR                                       |   |         |         |                 | <u> </u>    |
| MEDICAL CONDITION (IF ANY)                                     |   |         |         |                 |             |
| DISABILITY (IF ANY)  |   |         |         |                 |             |

| PARENTS INFORMATION:   |  |
|--|--|
| FATHER / GUARDIAN NAME   |  |
| QUALIFICATION  |  |
| OCCUPATION   |  |
| ANNUAL INCOME  |  |
| MOBILE NO:   |  |
| OFFICE ADDRESS   |  |
| TELEPHONE NO:  |  |
|  |  |
| MOTHER/ GAURDIAN NAME  |  |
| QUALIFICATION  |  |
| OCCUPATION   |  |
| ANNUAL INCOME  |  |
| MOBILE NO:   |  |
| OFFICE ADDRESS   |  |
| TELEPHONE NO:  |  |
| TRANSPORT INFORMATION:  Transport facility from school YES/NO. If yes kind | dly choose the closest stop  |
| I, father/mother of  | undertake that   |
| My son / daughter will submit to the discipling                            | e by me is based on facts and authentic records. Therefore no request ecords.  y information is found to be false. |
| Date:  | Signature of Parent/Guardian   |