

Affiliation No. :
School Id :
School Code : 1925374



☎ : 011-26284380
☎ : 011-65163291

SANT NIRANKARI PUBLIC SCHOOL

(Opp. Gali No-15) Govindpuri, 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 _____

NAME _____

GENDER _____

DATE OF BIRTH _____

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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) _____

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 _____

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 kindly choose the closest stop _____.

I, _____ father/mother of _____ undertake that

- I Shall 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.

Date:

Signature of Parent/Guardian