



## REGISTRATION FORM

(TO BE FILLED IN BLOCK LETTERS)

### PARTICULARS OF STUDENT :-

Child's Name in Full \_\_\_\_\_

Date of Birth

(In Figures)

D D

M M

Y Y Y Y

Affix Passport  
size photograph  
of the child

Admission required for class: \_\_\_\_\_ Academic Session: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Sibling (MLZS)

Yes

Sibling Name \_\_\_\_\_ Class Section \_\_\_\_\_ Admission No. \_\_\_\_\_

### PARTICULARS OF PARENTS:

Father

Mother

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

### DECLARATION

I/we hereby certify that the above information provided by me /us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/We also understand that the application / registration/short listing does not guarantee admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

Date:-

Parent's Signature

#### For Office Use Only:

Date of Registration: \_\_\_\_\_ Interaction Date: \_\_\_\_\_

Receiver's Sign: \_\_\_\_\_

