



Registration Form No.
Contact no. 011-27812369
011-27812368

SHAKUNTALA DEVI PUBLIC SCHOOL

(RECOGNISED)

REGISTRATION FORM

A-Block, Main Pusta Road, Swaroop Nagar, delhi-110042

Please affix latest
photograph (CHILD)

Please affix latest
photograph
(FATHER)

Please affix latest
photograph
(MOTHER)

.....
SIGNATURE OF FATHER

.....
SIGNATURE OF MOTHER

1. Student's Name (CAPITAL LETTERS).....
2. Class to which admission is sought.....
3. SexFemale Male
4. Date of BirthIN WORDS.....
5. Nationality.....RELIGION.....OBC /SC/ST/Gen.....
6. Medical Case history, if any
7. Residential Address.....
.....
8. Telephone No. (RESIDENCE).....MOBILE.....

9. Details about parents :-

Father

Mother

- (a) Name
(b) Age
(c) Educational qualification
(d) Occupation
Address (office)
Telephone no.
(e) Monthly Income

10. (a) Is a sibling of the student studying in this school? Please reply only with reference to own sister or brother.

(b) If yes, please give the following details of the sibling:

NAME CLASS & SEC ADMISSION NO.

11. Photocopy of the following documents are to be enclosed :

1. Proof of age of child.
2. Proof of residence [passport/Voter I.D/ Driving License/ Lease Deed/Electricity Bill/Telephone Bill (MTNL only).
3. Proof of transfer.
4. 3 photographs of child (passport size)

Please register my son/daughter or ward named above in your school. I shall produce the requisite documents at the time of admission

SIGNATURE

UNDERTAKING/DECLARATION

I, _____, father/mother/guardian of _____
hereby declare that the information given above by me is correct.

DATE

SIGNATURE