

Affiliation No: 2730299

SANT NIRANKARI PUBLIC SCHOOL  
SANT NIRANKARI COLONY, DELHI-110009

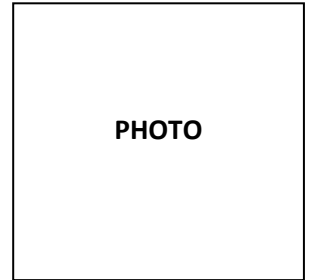
Ph: 27650347  
27603486

Form No:

ADMISSION FORM

For Office use only

Admission No. _____	English	Hindi/Sc.	Maths
Admitted to class _____ sec. _____			
Submitted documents			
Birth Certificate in original			
School Leaving Certificate in original			
Residence Proof			
Report Card of previous School			
			PRINCIPAL



**STUDENT'S INFORMATION**

ADMISSION SOUGHT TO CLASS \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

(IN WORDS)

RESIDENTIAL ADDRESS \_\_\_\_\_

NATIONALITY \_\_\_\_\_ RELIGION \_\_\_\_\_ MOTHER TONGUE \_\_\_\_\_

CASTE (OBC / SC/ST/GENERAL) \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

LAST CLASS \_\_\_\_\_ NAME OF PREVIOUS SCHOOL \_\_\_\_\_

SIBLING IN S.N.P.S. NAME \_\_\_\_\_ STANDARD \_\_\_\_\_

**PARENT'S INFORMATION:**

FATHER NAME \_\_\_\_\_ QUALIFICATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_ Mob \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ L.: \_\_\_\_\_

MOTHER NAME \_\_\_\_\_ QUALIFICATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_ Mob \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ L.: \_\_\_\_\_

**TRANSPORT INFORMATION:**

Transport facility from school **YES /NO**. If yes kindly choose the closest stop \_\_\_\_\_

For Private Transporte: Name of the transporter \_\_\_\_\_

Vehicle No. \_\_\_\_\_ (copy of license to be submitted)

I, \_\_\_\_\_ father/mother of \_\_\_\_\_ undertake to abide by all the school rules and regulations in force and amended from time to time. My son/daughter/ward will submit to the discipline of the school and hereby declare that information give above by me is based on facts and authentic records. Admission of my child may be cancelled if any information found to be false.

**Parents' Signature**