

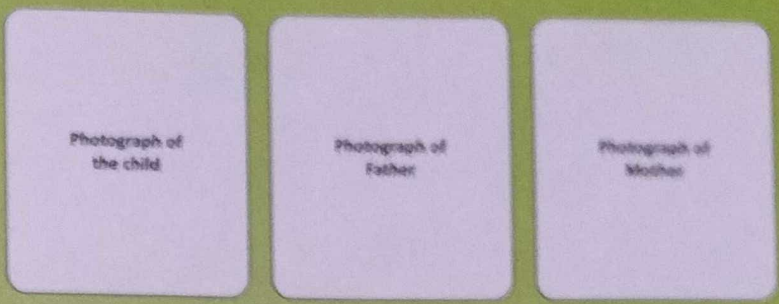
Admission Form



Pooth Khurd, New Delhi-110038
Phone: +91 9818488127 | +91 9818488838
Email: principalgrs@gmail.com



Admission No. _____
Aadhar No. _____
Class _____
Session _____
Date _____



1. Name of the Child (in Block Letters) _____ Sex _____
2. Date of Birth (in Figures) _____ (in words) _____
Age as on 01-04-20 _____ Years _____ Months _____ Days _____
3. Place of Birth _____ Nationality _____
4. Previous School Attended _____ Medium of Instruction _____
5. Last Class Passed _____ Year _____
6. Class to which admission is sought _____
(a) Name of the Father _____
(b) Educational Qualifications _____
(c) Office Address _____ Designation _____
Phone No. _____ Mobile _____ E-mail _____
7. (a) Name of the Mother _____
(b) Educational Qualifications _____
(c) Office Address _____ Designation _____
Phone No. _____ Mobile _____ E-mail _____
8. (a) Name of the Guardian _____
(b) Contact No.s in Emergency (Other than the above No.s (1) _____
(2) _____ (3) _____
9. Permanent Address _____
10. Would like to avail the school transport facility? Yes _____ No _____
11. If SC / OBC / Yes/ No, If yes, Submit the document: _____
12. I hereby certify that all facts given above are correct.

Date: _____

Signature Parent / Guardian