**SHAKTI MANDIR PREMWATI PUBLIC SCHOOL
(Secondary Recognized)**

**1024 Shakti Mandir, Darya Ganj, New Delhi-110002.**

**REGISTRATION FORM**

**Registration Fee -25/-(Not Refundable)**

Full Name of The Child …………………………………………………

Sex(Tick the Appropriate) Male ……………. Female …………..

Date of Birth (in words) …………………………………………………

Age as on 31st March 2020 ………………………………………………….

Residential Address ………………………………………………….

Pin Code ………………………………………………….

Contact No. Mobile ………………….. Res. ………………..

Email Address ………………………………………………….

Father’s Name (In block letters) ………………………………………………….

Educational Qualification ………………………………………………….

Occupation ………………………………………………….

Office Name & Address …………………………………………………..

Income (Annual) …………………………………………………..

Mothers Name (In block letters) …………………………………………………..

Educational Qualification …………………………………………………..

Occupation …………………………………………………..

Office Name & Address …………………………………………………...

Sibling Real Brother/ Sister (Tick the appropriate) Yes ....................... NO……………………

If sibling, give details of sibling Name………………………….Class……………

Nationality & Religion ……………………………………………………

Last school attended (if any) ……………………………………………………

Aadhar Card KYC No. ……………………………………………………

**Declaration By The Parents**

I/We, the parent of ……………………………………………(Name of the child) hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward may be cancelled.

Signature of Mother ……………………………. Signature of Father………………………..

Name of the Mother …………………………….. Name of the Father………………………..

Date

**Note:-1. Please bring all certificates in original for verification/ submission at the time of admission.**

 **2. Change in Date of Birth, spellings of any name shall not be made once recorded in school.**