ST. MARK'S SENIOR SECONDARY PUBLIC SCHOOL JANAKPURI, NEW DELHI - 110058

Regn No									
(For office	u	lS	e	C	n	ıl	¥.)	

REGISTRATION FORM FOR GENERAL CATEGORY FOR ADMISSION IN PRE-SCHOOL (NURSERY) (Session 2022-23) (TO BE FILLED IN BLOCK LETTERS USING BLACK/BLUE PEN)

Date of Birth: Date Month Year photograph of the student here Age as on 31.03.2022 Years Months Days Age (in words)		Female Transger	idei	Affix latest				
Age as on 31.03.2022 Years Months Days Age (in words)			Year pl	hotograph of the student				
Affix latest Passport size photo of father (Do not staple) (Father) Mother's Name Residential Address E Mail Id Father's Name Residential Address (if different from above) Residential Address (if different from above) Pin Code Passport size Passport size photo of photo of guardian, if applicable (Do not staple) (Guardian) Affix latest Passport size photo of guardian, if applicable (Do not staple) (Father) (Guardian) Mother's Name Pin Code	e		Days					
Passport size photo of father (Do not staple) (Father) Mother's Name Residential Address E Mail Id. Father's Name Residential Address (if different from above) Residential Address (if different from above) Pin Code Passport size photo of guardian, if applicable (Do not staple) (Guardian) Father's Name Pin Code Pin Code	Details about Parents / G	uardian						
photo of father (Do not staple) (Do not staple) (Father) (Mother) (Guardian) Mother's Name Residential Address Tele No	Affix latest	Affix latest	Affix latest					
of father (Do not staple) (Father) (Mother) (Guardian) Mother's Name Residential Address	Passport size	Passport size	Passport size					
(Do not staple) (Father) (Mother) (Guardian) Mother's Name Residential Address ———————————————————————————————————	photo	photo of	photo of					
(Father) (Mother) (Guardian) Mother's Name Residential Address Pin Code Tele No	of father	mother	guardian,					
(Father) (Mother) (Guardian) Mother's Name Residential Address	(Do not staple)	(Do not staple)	if applicable					
Mother's Name Residential Address Pin Code Tele No			(Do not staple)					
Residential Address	· · · · · · · · · · · · · · · · · · ·	·	·					
Tele No								
Tele No								
E Mail Id			Pin C	lode				
Residential Address (if different from above) Pin Code	Tele No	Mobile Nos						
Residential Address (if different from above) Pin Code	E Mail Id							
Residential Address (if different from above) Pin Code	Father's Name							
Pin Code								
Tala Nia	Pin Code							
LEIE NO MODILE NOS	Tolo No	Mohile Nos						
	TETE IND							
E Mail Id								
Signature of Father Signature of Mother Sign.of Guardian (if applicable)								

			Pin Cod	le	
Tele No	Mob	ile Nos			
E Mail Id					
Details of sibling(s) stud	dving in this sc	hool:			
(Real brother/sister)	, 0				
Full Na	me	Adm	nission No.	Class	& Section
Anotho monombo alumni	of this oak oall				
Are the parents alumni Father - YES	NO NO	Year of	passing out		
Mother - YES	NO NO		passing out		
Mother's maiden name .					
mother b marach hame.					
	••••••				
Is the child a ward of a			<u> </u>]YES	
Is the child a ward of a If yes, please specify na	staff member o	f the institu	tion?]YES	NO
	staff member o	f the institu	tion?]YES	NO
	staff member of the staff	f the institu member & 1	tion?	YES with the	N(child
If yes, please specify na	staff member of the staff	f the institumember & n	tion?	YES with the	NC child
If yes, please specify na ———————————————————————————————————	staff member of the staff	f the institumember & n	tion?	YES with the	NC child
If yes, please specify na ———————————————————————————————————	staff member of the staff	f the institumember & n	tion?	YES with the	NC child
If yes, please specify na Is your child suffering f disability and attach rel	staff member of the staff From any disabilevant documen	f the institumember & member &	tion? relationship v	YES with the y the ty	ohild pe of NO
If yes, please specify na ———————————————————————————————————	staff member of the staff From any disabilevant documen	f the institumember & member &	tion? relationship v	YES with the y the ty	child pe of NO
If yes, please specify na Is your child suffering f disability and attach rel	staff member of the staff From any disabilevant documen	f the institumember & member &	tion? relationship v	YES with the y the ty	ohild pe of NO
If yes, please specify na Is your child suffering f disability and attach rel	staff member of the staff From any disabilevant documen	f the institumember & member &	please specif	YES with the ythe ty YES	child
If yes, please specify na Is your child suffering f disability and attach rel	staff member of the staff From any disabilevant documen	f the institumember & member &	tion? relationship v	YES with the ythe ty YES	nC child
If yes, please specify na Is your child suffering f disability and attach rel	staff member of the staff From any disabilevant documen	f the institumember & member &	please specif	YES with the ythe ty YES	nC child

UNDERTAKING

l,		, Parent/Guardian ot,
do he	ereby declare that infor	mation given above is based on facts and authentic records,
and	I fully understand	that registration/admission of my ward will not be
consi	dered/will be cancelled	I if any of the above mentioned information is found to be
		ith authentic proof. I also agree to produce all the required
		me of admission failing which admission will not be granted
	ward.	ne of duminosion faming which duminosion will not be granical
		supporting documents:
(a)		
(b)		
(c)		
(e)		
S	Signature of Father	Signature of Mother Sign.of Guardian (if applicable)
Da	ate	
	9	GENERAL INSTRUCTIONS
[A]	The form should be fill	led by the Parent/Guardian in his/her own handwriting.
[B]	Please enclose self atte	sted photocopies of the following documents:-
	1) Date of Birth Certif	icate of the child
	2) Proof of Residence	: * Aadhar Card/UID Card issued in the name of any of the parents
		* Voter-ID Card (EPIC) of any of the parents
		* Electricity Bill/MTNL Telephone Bill/ Water Bill / Passport in the name of any of the parents or child
		* Ration Card / Smart Card issued in the name of parents (Mother/Father having name of child)
		* Domicile Certificate of child or of his/her parents
	3) Proof of Sibling :	Photocopy of I-Card/Latest Report Card/ Fee Receipt
	4) Proof of Alumni :	Photocopy of Class X / XII Passing Certificates
	5) Proof of disability of	of child (if applicable)
	, ,	lian and not the parent, also enclose the following:- rent assigning you the guardianship of the child. n evidence

[C] Transport facility will be provided by the school only on existing routes.