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S.D. PUBLIC SCHOOL BU-BLOCK, PITAMPURA, DELHI-34

Ph: 42331837, 27346738 | www.sdpublicschoolpp.in | (An ISO 9001:2000 certified organization)

*Family
Photography*

*Latest
Photograph
of the
Student*

REGISTRATION FORM

(Session 2021-22)

SERIAL NO.

Registration No. _____ Class: _____ Admission No. _____

(To be filled in by School Admn. Office)

Previous School Attended: _____

1. Name of the Student (In block letters) _____

2. Date of Birth _____ Aadhar No. of Student _____

(In Words) _____

Age as on 31st March '20 _____ Years Months

3. Sex Male Female

4. Religion Hindu Muslim Sikh Jain Buddhism Christian Others

5. Category SC ST OBC GENERAL

6. Nationality _____ Religion _____

7. Father's Name (In block letters) _____ Aadhar No. _____

Qualification _____

Residential Address _____

Tel. No. (Resi.) _____ Office _____ Mobile _____

8. Mother's Name (In block letters) _____ Aadhar No. _____

Qualification _____

Residential Address _____

9. Is the school transport required? Yes _____ No. _____

(The School will not be responsible for any private transport / Other private transport)

10. Medical Information : Does the child need any special medical attention? _____

If yes, give details & attach proof _____

11. Parent's occupation

i) Father's occupation

a. Government organization b. Semi Government organization

c. Private Sector c. Self Employed

Name of the organization _____

Official Address _____

Telephone No. _____

ii) Mother's occupation

a. Government organization b. Semi Government organization

c. Private Sector c. Self Employed

Name of the organization _____

Official Address _____

Telephone No. _____

12. If sibling in the same school Yes No

i) Name _____

Class & Section _____ Admission No. _____

ii) Name _____

Class & Section _____ Admission No. _____

13. Distance in Km. from the Residence

(0—1 Km.)	Pitampura : AU, BU, CU, DU, EU, FU, G & JU, HU, KU, LU, NU, QU, RU Block Shalimar Bagh : C, CA, CB, BU, BV, Haiderpur - Govind Mohalla, Ambedkar Nagar
(1—3 Km.)	Pitampura : MU, TU, SU, UU, AP, BP, CP, DP, EP, FP, GP, HP, IP, JP, KP, LP, MP, VP NP, OP, QP, AD, BD, CD, ED, FD, GD, HD, JD, Vaishali Enclave, Maurya Enclave, Shalimar Bagh, BG - 1, BFH, BH, BJ, BD, BL, BF Route
(3—6 Km.)	Pitampura : MD, LD, ND, QD, RD, SD, WP, Kohat Enclave, Engineers Enclave, Pushpajanli Enclave, Badli, Samaypur, Swami Shradhnand, Bhalasava Dairy, Rohini Sector-3, 6, 12, 11, Shalimar Bagh, AB, AD, AC, AG, AJ, AK, BN

14. If, parents are School Alumni Yes No

Name of the Parent _____

Studied in the School from : Year _____ to Year _____

(Attach copy of evidence)

15. Ward of Staff Member Yes No

16. Transfer Case / Shifting of house

If yes, attach appropriate proof _____

17. Any other information you would like to share _____

Please register my ward for admission in your school. I shall produce the required original document at the time of admission.

For Pre-School(Nursery)	Less than 04 years as on 31st March of the year in which the admission is sought.
For Pre-Primary (KG)	Less than 05 years as on 31st March of the year in which the admission is sought.
For Class-1 st	Less than 06 years as on 31st March of the year in which the admission is sought.

Undertaking

I, _____ father / mother of _____ hereby declare that the information given above is based on authentic records and true to my knowledge Admission of my child may be cancelled if any information is found to be false.

(Signature of Parent)

[Enclose attested photocopies of the documents. Original documents will be checked at the time of admission]

Admn. Status	Total Marks Obtained	Date	Sign. of Admission	Sign. Of Principal
1. First List	_____	_____	_____	_____
2. Second List	_____	_____	_____	_____
3. Third List	_____	_____	_____	_____

For Class II Onwards

Admission Test Report

English _____ Maths _____

Hindi _____ General _____

Aggregate & Percentage _____

Signature of Admission Incharge _____ Signature of Principal _____

FOR OFFICE USE ONLY

Fees paid for the period _____ Amount (Rs.) _____ on _____

Fees received by _____

Documents Received

- | | | |
|--|------------------------------|-----------------------------|
| 1. Date of Birth Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Residence Proof | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Family Photo | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Ration Card/Smart Card issued in the name of Parents
(Mother/Father having name of child). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Domicile certificate of child or his/her parents. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Voter I-Card (EPIC) of any of the Parents. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Electricity bill/MTNL telephone bill/Water bill/Passport in the
name of any of the parents or child. | | |
| 8. Aadhaar Card/UID card issued in the name of any of the parents. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Appropriate proof in case of Transfer / shifting case | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Evidence for Alumni | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Appropriate medical report in case child requires
special medical attention | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Previous Year Report Card/T.C. (if applicable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Documents checked by: _____

Office In charge: _____