ST. GIRI PUBLIC SCHOOL

Opp. H-Block (Between A & B Block), Sarita Vihar, New Delhi -110 076.

APPLICATION FORM

YEAR 202..... - 202..... **CLASS .....** **No._____**

Affix Passport Size Photograph of Child	Affix Passport Size Photograph of Father	Affix Passport Size Photograph of Mother

1. Name of the child (in Block Letters) _____

2. Date of Birth : Date ☐☐ Month ☐☐ Year ☐☐☐☐

   (in words) _____

   Age as on 31st March 202___ Years ☐☐ Months ☐☐ Days ☐☐

3. Gender : Male | Female (Tick whichever is applicable)

   Blood Group : _____

   Religion : Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐ Jain ☐ Buddhist ☐ (Tick whichever is applicable)

   Caste : Gen ☐ SC ☐ ST ☐ OBC ☐ (Tick whichever is applicable)

4. Details of Parents :

   (a) Father's Name (in Block Letters) _____

   (b) Academic Qualification_____

   (c) Profession_____(d) Designation_____

   (e) Office Address_____

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

   (f) Annual Income_____

5. (a) Mother's Name (in Block Letters) _____

   (b) Academic Qualification_____

   (c) Profession_____(d) Designation_____

   (e) Office Address_____

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

   (f) Annual Income_____

6. Income from other sources including the income of unmarried children _____

7. (a) Name and Address of the school last attended (attach proof) _____

_____

_____

(b) Whether recognised / unrecognised _____

8. (a) Is the School Transportation required ? | Yes | No | (Tick whichever is applicable)

(b) If no, are you in a position to provide safe transportation to the student to and from the school ?

| Yes | No | (Tick whichever is applicable)

9. (a) Residential Address _____

_____

Tel. No . _____

(b) Distance from the school (in kms.) : _____

10. Does the child has some special medical needs ? _____

If yes, state the special medical needs of the child _____

_____

11. (a) Is a sibling studying in this school ? Please reply only with reference to real daughter or son.

| Yes | No | (Tick whichever is applicable)

(b) If yes, please give following details of the sibling :

Name _____ Name _____

Class _____ Class _____

12. Are you Alumni of this school?

If yes - | Father | | Mother | Tick whichever is applicable.

13. Attested Photocopies of the following documents are to be enclosed:
(Put a tick ☑ against the documents enclosed)

1. *Birth Certificate of the child issued by M.C.D. or any other Govt. Agency.*
2. *Aadhar Card of the Child, Father, Mother and Guardian.*
3. *Proof of residence : Ration Card / Electricity Bill/Voter's I-Card / Aadhar Card.*
4. *Progress Report of the school last attended.*
5. *Medical Certificate of the child from Govt. Hospital (for child with special needs)*
6. *Caste Certificate from Govt. of Delhi (where applicable)*
7. *Google Map showing distance in Kms. from School to Residence.*
8. *In case of Sibling, latest Fee Receipts.*
9. *In case of Alumni, SLC and any other proof of parents.*

Please register my son/daughter/ward named above in your school. I shall produce the original Transfer Certificate and other requisite original documents at the time of admission for verification.

Signature :

Father	Mother	Guardian	Date

NOTE :
- **Form can be rejected in case of incomplete informations, wrong informations and/or non submission of requisite documents.**
- **Only attested photocopies of the documents are to be enclosed, originals will be checked at the time of admission.**

CERTIFICATE / UNDERTAKING FROM THE PARENTS

I, _____ father/mother/guardian of_____
do hereby certify that the above information/document provided by me is correct. I also undertake that if any information/document is found to be incorrect or false at any time, my ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I also understand that the application/registration / short listing does not guarantee admission to my ward. I accept the process of admission followed by school and I shall abide by the decision taken by the school authorities.

Signature :

Father	Mother	Guardian	Date

(For office use)
ADMISSION ALLOWED / REJECTED