REGISTRATION FORM (Session 20_	20)	Form No
--------------------------------	-----	---------



Jagdish Bal Mandir Public School

Shri Jagdish Chandra Arora Marg, Shankar Vihar, Vikas Marg, Delhi-110092 • Tel. : 22467114

MOTHER'S

		PHOTO		PHOTO		РНОТО		
	1. Name of the child (Block Letters)							
2.	Date of Birth (dd / mm / yyyy							
3.	dd / mm / yyyy Class in which admission is sought							
4.	Age as on 31 March, 20ReligionReligion							
5.	. Residential Address							
					Tel. No.			
6.	About the Parer	nts						
			Father			Mother		
1.	Name							
2.	Occupation / Pro	ofession						
3.	Designation							
4.	Address of Work	Place						
5.	Contact No. / Mo	obile No.						
7. Name of brothers & sisters studying Class Name of the School								
	1							
	2							
8.		•	•					
9.	Name of the sch	ool last attend	led			Class		
			No	11. Sibling studyi	ng in Sch	ool Yes No		
	Distance from Re							
Declaration by the Parents: I (Name) Father/Mother of (Name of 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 notifications in this regard. In case any information is found false or incorrect on verification, the admission of my ward can be cancelled.								
					Signatur	e of the Parent/Gua	ardian	
Submit the documents mentioned below at the time of registration as proof: Date of Birth Certificate, Proof of Residence, Passport Sized Photograph of Father and Mother with the child, Proof of Alumni, Proof of Sibling, Aadhar Card of Father, Mother & Child.								

RECEIPT

Jagdish Bal Mandir Public School

Shri Jagdish Chandra Arora Marg, Shankar Vihar, Vikas Marg,	Delhi-110092 ● Tel. : 22467114						
Received a sum of Rs. 25/- (Twenty five only) for Registration of Master/Baby							
Son/Daughter of Shri	for the Class						
Registration No Dated	Auth Signatory						