

Affiliation No. : 2730706
School Id : 1617183
School Code : 85418



011-42311555

SANT NIRANKARI PUBLIC SCHOOL

(Avtar Enclave, Paschim Vihar, New Delhi -110063)

(Affiliated to CBSE upto Secondary Level)

E-mail : snpsae@snps.edu.in | Visit us at: snps.edu.in

For office use only

ADMISSION FORM

Form No.:

Admission No _____ DOA _____		Photo	
Admitted to class _____ sec _____			
Submitted documents:	YES NO		English Math Hindi / Science
Birth Certificate	[] []		
School Leaving Certificate in original	[] []		
Residence Proof	[] []		
Adhaar Card of Student	[] []		
Caste certificate	[] []		
Report Card of Previous School	[] []		
Medical Certificate & Blood certificate	[] []		
PRINCIPAL			

NOTE : ALL THE INFORMATION SHOULD BE IN BLOCK LETTERS AND NO CUTTING WILL BE ACCEPTED.

STUDENT INFORMATION ADMISSION SOUGHT IN CLASS _____

NAME _____

GENDER _____

DATE OF BIRTH _____

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DATE OF BIRTH (IN WORDS) _____

ADHAAR CARD NO. _____

RESIDENTIAL ADDRESS _____

BLOOD GROUP _____

DISTANCE FROM SCHOOL (KM) _____

NATIONALITY _____

RELIGION _____

MOTHER TONGUE _____

CASTE (OBC / SC / ST/ GENERAL) _____

NAME OF PREVIOUS SCHOOL _____

LAST CLASS & NO OF DAYS ATTENDED _____

PREVIOUS CLASS % _____

MEDIUM OF INSTRUCTION _____

SIBLING IN S.N.P.S.NAME & CLASS _____

BANK ACCOUNT NO OF STUDENT _____

PARENT ALUMNI NAME & YEAR _____

MEDICAL CONDITION (IF ANY) _____

DISABILITY (IF YES), MENTION DETAILS _____

SINGLE GIRL CHILD _____

PARTICULARS	FATHER'S DETAIL	MOTHER'S DETAIL
NAME		
QUALIFICATION		
OCCUPATION		
ADHAAR NUMBER		
VOTER ID CARD NUMBER		
ANNUAL INCOME		
MOBILE NO		
E-MAIL ID		
OFFICE ADDRESS		
TELEPHONE NO.		
VOTER ID CARD NO.		
RESIDENTIAL ADDRESS		
GUARDIAN PHOTO	PHOTO (FATHER'S)	PHOTO (MOTHER'S)

TRANSPORT INFORMATION:

Transport Facility From School YES / NO. If yes kindly choose the closest stop

I _____ father / mother / guardian of _____ undertake that

- I abide by all the school rules and regulations in force and amended from time to time.
- My son / daughter will submit to the discipline of the school.
- I hereby declare that information given above by me is based on facts and authentic records. Therefore no request will be made for changes in the above filled records.
- Admission of my child may be cancelled if any information is found to be false.
- I indemnify school authorities any unforeseen incident.

(With Full Name)
Signature of Father

(With Full Name)
Signature of Mother