



# ST. ROSIER PUBLIC SCHOOL

(RECOGNISED & AFFILIATED TO C.B.S.E)

CD-4, SHALIMAR BAGH, DELHI-110088

(NEAR POLICE STATION)

REGISTRATION/ ADMISSION FORM FOR OPEN/GENERAL SEATS  
FOR ENTRY LEVEL CLASS (NURSERY)

REG. NO...

Registration/admission for class.....

Adm. No.....

Date of Adm. ....

Adm. for Class.....

FATHER'S  
PHOTOGRAPH

MOTHER'S  
PHOTOGRAPH

STUDENT'S  
PHOTOGRAPH

1. Name of the student (In block letters) \_\_\_\_\_

2. Date of birth (In words) \_\_\_\_\_

Date

Month

Year

3. Full Residential Address : \_\_\_\_\_

4. Aadhar No. of Student (If any) \_\_\_\_\_

Aadhar No. of Father \_\_\_\_\_

Aadhar No. of Mother \_\_\_\_\_

5. Gender : Male  Female

6. (a) Category (Tick any one) : General/ SC/ ST/ OBC

Attach valid certificate (self-attested photocopy) If SC/ST/OBC

7. Class for which admission is sought \_\_\_\_\_

8. Father's Name (In block letters) \_\_\_\_\_

• Tel. No. (Residence/Office) \_\_\_\_\_ Mobile No. \_\_\_\_\_

8. Mother's Name (In block letters) \_\_\_\_\_

• Tel. No. (Residence/Office) \_\_\_\_\_ Mobile no. \_\_\_\_\_

9. Guardian's Name (If any) \_\_\_\_\_

• Residential Address \_\_\_\_\_

• Tel No. (Residence) \_\_\_\_\_ Off. Tel No. \_\_\_\_\_

• Mobile No. \_\_\_\_\_

**10. Medical Information: Does the child have some special needs (due to any disease)?**

**If yes, give detail (with proof)**

**11. Information on parameters adopted by school: for admission (open seats/general seats)**

**Please tick ( ) those parameters which are applicable in your case. (Also attach documentary proof of those)**

S. no.	Criteria	Marks allotted	Tick( ) the parameters which are applicable in your case
1	<b>DISTANCE OF YOUR RESIDENCE FROM THE SCHOOL (TICK ANY ONE)</b>		
	DISTANCE (0-4 KMS) (4-6 KMS) - 50 (6 -8 KMS) - 40	60	
2	<b>SINGLE CHILD</b>	10	
3	<b>SIBLING (REAL BROTHER/SISTER STUDYING IN THIS SCHOOL)</b>	10	
4	<b>ALUMNI/ ALUMNA (FATHER/MOTHER PASSED CLASS XII FROM THIS SCHOOL)</b>	10	
5	<b>ORPHAN/SINGLE PARENT</b>	10	
	<b>TOTAL</b>	<b>100</b>	-----

**12. Please submit self-attested photocopy of the following documents:-**

- (i) Birth Certificate
- (ii) Residence Proof
- (iii) Aadhar card of student & parents (or any such document)
- (iv) Caste certificate (if any)
- (v) Documentary Proof regarding Point No. 11

**Parent's signature  
(Father/Mother/Guardian)**

**Undertaking**

I \_\_\_\_\_ Father/Mother/ Guardian of \_\_\_\_\_ hereby declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false in future.

**Parent's signature**

**(For Office Work)**

**(Attested photocopies of the documents were checked with original at the time of admission)**

**Ad. In charge**

**Class Teacher**

**Principal**

**NOTE: Please fill it up and deposit it back in the school on any working day between 8:30am to 12:30 pm on or before 23.12.2022. Incomplete forms will be rejected.**