

Registration No. _____

Admission to Class : _____



ShreeRam World School

Shaping Contours of Perfection

Website : www.ShreeRam.in Email : info@ShreeRam.in

Sector-10, Dwarka, New Delhi-110075

[Managed and run by Mata Phoolan Wanti Educational Society (Regd.)]

REGISTRATION FORM: 2021-22Passport size
Photograph of
Child**Instructions for filling the form:**

- | | |
|---|--|
| <ul style="list-style-type: none"> Write in capital letters. Please give complete and correct information and all columns to be filled. | <ul style="list-style-type: none"> Attach Photocopy of the Transfer Certificate/Birth Certificate issued by competent authority. Please attach 2 different proofs of your residence. |
|---|--|

Details of the Child

First Name	Last Name

Date of Birth (in figures)	Date of Birth (in words)										
<table border="1"> <tr> <td>Date</td> <td>-</td> <td>Month</td> <td>-</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Date	-	Month	-	Year						
Date	-	Month	-	Year							

Place of Birth -

Nationality

Gender Male Female

Mother Tongue

Aadhaar No. of the child (Mandatory)

Parents Details	Father	Mother	Guardian
Photographs	Passport size Photograph of Father	Passport size Photograph of Mother	Passport size Photograph of Guardian
Name			
Profession/Occupation			
Name of Organization			
Designation			
Office Address			
Tel. (Office)			
Tel. (Residence)			
Mobile			
Email			
Aadhaar No.			

Present Address	Permanent Address

Other Details (Tick (v) the appropriate with proof)

General	OBC	SC	ST	Minority Community (Specify)	

Details of Children

- i) No. of children (including the child) _____
- ii) Details of school going children

	Child-1	Child-2	Child-3
Name of child			
Class			
Institution			
Admission No.			

Please Mark the category for application, if applicable

Real Sibling

Details of Last School Attended: (IF APPLICABLE)

Name of the School Last attended			
Admn. No.		TC No.	
Grade/Percentage last scored		No. of years studied	
Board			
Subjects Studied			

Please register my ward named above in your school. I shall produce the original documents at the time of admission.

SIGNATURE OF PARENT/GUARDIAN

UNDERTAKING

I, _____ father/mother/guardian of _____ hereby declare that information given above by me is based on facts and authentic records. I fully understand that the school, on accepting the registration form of my ward is not bound to grant admission and I also agree that the decision of the school authority regarding admission will be final and binding on me. Admission of my child may be cancelled if any information is found to be false.

SIGNATURE OF PARENT/GUARDIAN