

Office Assistant

## SAPTARSHI PUBLIC SCHOOL

CN 167, RajpurKhurd Extension, Chhattarpur, New Delhi – 110068 Mobile: 9958685843/8448520471

E-Mail ID: saptarshi.school@gmail.com

Adm. No.

## **REGISTRATION FORM**

		Date		
1. Name of the child				
2. Date of birth	Day Month	Year	Affix passport size photograph	
in words			of the student	
3. Nationality	4.	Religion		
5. Gender: Male	Female 6.	Class Seeking Admission		
7. Previous School in w	vhich studied			
8. Particulars of the fan	nily Father	Mother		
a) Name				
b) Academic Qualification		-		
c) Occupation				
d)Office / Business (Addres	ss)			
e) Telephone No. (Office)				
f) Special Achievements(If Any)				
9.Home Address				
		Mobile No		
<u>Acknowledgement</u>				
Registration Number:				
	т	Class Seeking Admission		
Come for Admission N	Vo.:			

I promise to abide by the	rules and regulations of the school en	aforced from time to time and pay		
all the school dues promp	tly. I request the favour of yours, for	admitting my son/daughter/ward		
named	to your school. It is certified that the	particulars given are correct to the		
best of my knowledge and belief.				
Registration Number:				
Signature of Father/Mothe	er/Guardian	Dated:		

Sir/Madam,