

(SR. SEC., AFFILIATED TO C.B.S.E.) **EDUCATE • EMPOWER • ENLIGHTEN**

POCKET C-8, SECTOR-8, ROHINI, DELHI-110085 Ph.: 011-27941390/91 | M: 9953646646

www.delhicityschool.com

•	(All the e			OLN						tor	s on	lv/\								
S. No.	•						-					ıу <i>)</i>								
	(Adn	าเรรเ	on N	10				•••••)									
Full Name of the Student	First Name	:																		
	Last Name	:																		
Date of Birth	in Figures	:	([D)		(M	M)			(Y	EAR)]							
	(In Words)	:																		
Class	Applied for	:	_																	
Last School Transfer Certificate Submi	ol Attended tted (Yes/No)	:]																
(No admission will be regulari Nursery, Prep and Class I, Bir																		atta	ache	d).
Marks obtained in previous class (If applicable): Language Known: Please enclose the report card of previous school																				
Nationality of Child Religion Sex (M / F)																				
Child's Aadhar No. (Enclose Father's Details Father's Name:																				
Academic Qualification :																				
Organisation Name:																				
Designation :																	-			
Office Address:																		—		
	Office Tel. No. : Fax No Mobile :																			
E-mail :					/	۹ad	har	No	. (eı	ncl	ose	cop	y)				_	=		
Mother's Details																				
Mother's Name :																				
	Academic Qualification:																			
Organisation Name :																				
Designation :																				
Office Address :																		_		
Office Tel. No. :																				
E-mail :						Aac	lhar	No	.(er	nclo	ose (cop	y)				—			
Permanent Residential	Address					P(erm	ane	ent l	Re	side	ntia	I/L	.oca	al G	uar	diar	1S /	Add	ress
	Pin					-									P	in				
Res. Tel. No.:					Pin Res. Tel. No.:															
Mobile No.:						Mobile No. :														

We hereby certify that the information given in this enrolment from is correct to the best of our knowledge and belief.

Date	Signature of Mother	Signature of Father
Date	Signature of Mother	Signature of rather

De	Details of any sibling (real brother or sister)	
<u>A</u>	Admn. No. Class/Sec. Name	of the Child
Pl	Please specify if the child is suffering from any aller	gy/contagious disease.
	DECLAR	ATION
1.	1. We, hereby, certify that the information given in this en	nrolment form is correct & valid.
2.	Regarding date of birth and correct name	
	We hereby certify that the correct Date of Birth of my /	ward is//
	(In wards)	and the correct
	spelling of his / her name is	(in Block Letters).
3.	3. We, hereby, undertake to abide by all the notification $\!\!\!/$	instructions / circulars issued by the head of the
	school from time to time.	
4.	, , , , , , , , , , , , , , , , , , , ,	for a change either in the Date of Birth or the
	spelling of his/ her name.	
	We confirm the above declarations.	
D -	DateSignature of M	O'markens of Father
υa	Date Signature of M	other Signature of Father
Dla	Place :	
ı ic	1 lace	
	INSTRUCT	IONS
1.	1. The School reserves the right to cancel the admission of submitted at the time of admission are found to be false/	
2.	2. All disputes are subject to the jurisdiction of Delhi Courts	only.
3.	,	
	has been withheld by the parents, or that incorrect info	mation has been given, the admission will be cancelled
4.	and the name struck off from the rolls.4. That the particulars given in the application form are corrected.	net.
4 . 5.		
٠.	place when there is vacancy in the particular class to whi	_
6.		_
7.	7. That decision of the Principal will be final and binding in a	II respects.
8.	8. That the ward is not suffering from any contagious disease	se of any other disease.
		Principal
••••		
	(OFFICE USE	ONLY)
Δdı	Admit in Class Section	
	James III Glado	

Admission Incharge ____

Principal