



# A.P. GARG PUBLIC SCHOOL

(Managed by Shree Om Shiksha Evam Kalyan Samiti, Karol Bagh, Delhi)  
SAMPLA ROAD, KHARKHAUDA

## REGISTRATION / ADMISSION FORM

Class ..... Admission No. .... Date.....

SRN No. ....

### STUDENT'S DETAILS

Name (Block Letters) .....

Date of Birth (Figures)

Date of Birth (in words) .....

Address .....

Sex..... Category..... Caste.....

Aadhar No. ....

Mobile..... E-mail.....

### FATHER'S/GUARDIAN'S DETAILS

Name (Block Letters) .....

Education..... Occupation.....

Mobile..... E-mail.....

### MOTHER'S DETAILS

Name (Block Letters) .....

Education..... Occupation.....

School last attended..... Class.....

### DOCUMENT DEPOSIT

TC/DOB/Affidavit   General / SC / ST / OBC

Any Other Information .....

Name of the Brothers and Sisters already studying in this school.

| S. No. | Ad. No. | Name of the Child | Class |
|--------|---------|-------------------|-------|
|        |         |                   |       |
|        |         |                   |       |
|        |         |                   |       |
|        |         |                   |       |

I agree to abide by the school rules. I assure you of my full co-operations in all matter. I know my child will be admitted subject to availability of seats.

Signature of the Mothers

Signature of the Parents / Guardians

### For Office Use Only

Recommendation of Admission Committee

Admitted / Rejected

Signature of Principal