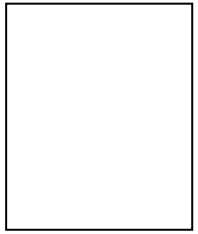




GURU HARKRISHAN PUBLIC SCHOOL
(Managed by Governing body of Guru Harkrishan Public School (New Delhi)Society
DELHI /NEW DELHI



REGISTRATION FORM

REGN NO. _____

SESSION 2023-24

MALE _____

DATE : ____/____/____

CLASS _____

FEMALE _____

PERSONAL DETAILS OF CHILD (PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY)**

- Name of the Child: _____
- Residential Address: _____

- Date of Birth (DD/MM/YY) ____/____/____ Age as on 31.3.2021 ____ Years ____ Months ____ Days
(In Words) _____ Place of Birth _____
- Nationality _____ 5. Religion _____ 6. Mother Tongue _____
- Category: SC _____ ST _____ OBC _____ GENERAL _____ 8. Minority (Specify): _____
- Aadhar Card No. _____ 10. Birth Order : 1st Born _____ 2nd Born _____ 3rd Born _____
- Only Girl Child (Yes/No) _____
- Details of Siblings presently studying in the School (Please Attach Proof)
 - Name _____ Class/Sec _____ Admn. No. _____
 - Name _____ Class/Sec _____ Admn. No. _____

PARENTS DETAILS	FATHER	MOTHER
Name	_____	_____
Educational Qualification	_____	_____
Occupation /Designation	_____	_____
Annual Income	_____	_____
Office Address	_____	_____
E-Mail ID	_____	_____
Alumni(Yes/No)in which Year	_____	_____
Tel No.	Res. _____ Off _____ Mob _____	Res. _____ Off _____ Mob _____

SIGNATURE :

FATHER

MOTHER

GUARDIAN

PHOTOCOPY OF DOCUMENTS REQUIRED:

- Date of Birth Certificate of the Child from MCD/NDMC/Corporation of the Other State.
- Aadhar Card of the child.
- Photocopy of Residence(Passport /Electricity Bill/MTNL Telephone Bill)
- Sibling (Attach Prrof)
- Medical certificate of the Child with Special Need
- Alumni Proof (optional)
- Single Parent (Fatherless)

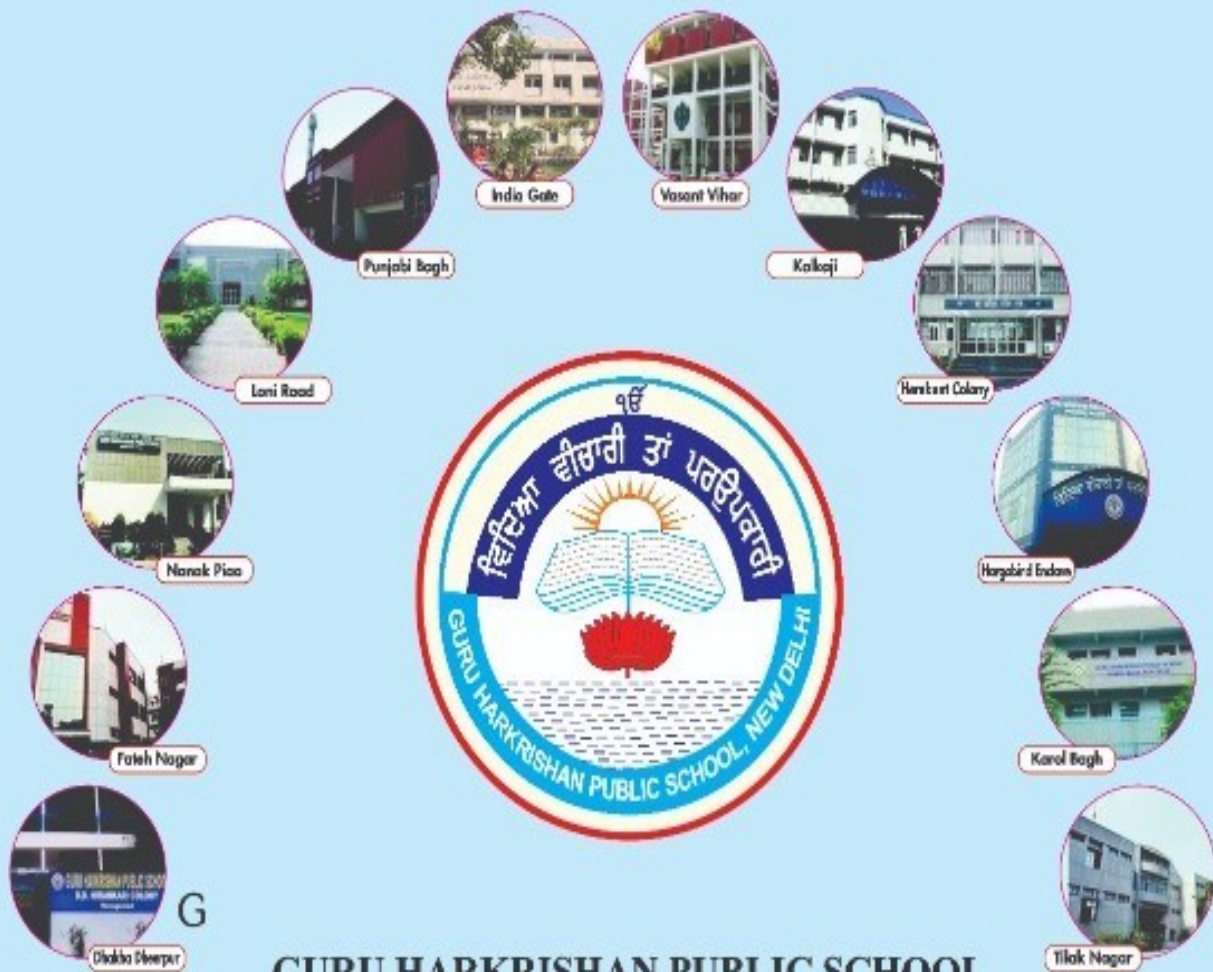
GURU HARKRISHAN PUBLIC SCHOOLS

(Managed by Governing body of Guru Harkrishan Public School (New Delhi) Society)

REGISTRATION FORM

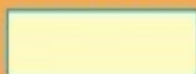
‘ਵਿਦਿਆ ਵੀਚਾਰੀ ਤਾਂ ਪਰਉਪਕਾਰੀ’

'He is learned indeed who does good to others'



GURU HARKRISHAN PUBLIC SCHOOL

1, Purana Quila Road, (India Gate) New Delhi - 110001



GURU HARKRISHAN PUBLIC SCHOOL, _____
REGISTRATION RECEIPT (For Office use only)

Registration No.: _____ Registration No. Receipt : _____ Registration for Class : _____

Name of the Child : _____ D.O.B. _____

Father's Name _____ Mother's Name _____

Date : ____/____/____

Signature : _____