RAO MAN SINGH SR. SEC. PUBLIC SCHOOL

Paprawat Road, Najafgarh, New Delhi -110043

Regn. No		REGIST	RATION FORM				
		<u>Class</u>	- Pre School				
		<u>Sessi</u>	on 2026-27				
1.	NAME			AADHAR I	NO		
	(BLOCK LETTERS)			(Attach ph	(Attach photocopy)		
2.	Gender : MAL	E	FEMALE				
3.	Date of Birth : DAY		MONTH	YEAI	₹		
	Date of Birth in words						
(Atta	ch self-attested copy of Birth Certifi	cate issued by MCD)				
	Age as on 31st March 2026:	Year	Month		Days		
4.	Paste Passport size	Pas	te Passport size		Paste P	assport size	e
	Photo of Mother	ph	oto of Father		Photo	of Guardia	n
				Mrs./	Mr		
-	ation						
	dress						
	no						
	ID						
	t Residential Address :						
Perma	nent Residential Address :						
Attach	self-attested proof (any one) : Photo	ocopy of Aadhar Car	d/Voter Card/Telephon	e/ Electricity Bill/	Water Bill	1)	
Nheth	er any house is owned by pare	ents in Delhi	: Yes	No			
5.	If Yes, address thereof:						
	•						

6.		en residing in Delhi :	Year	his sch	Month	S		
0.	Details of real Brother (s)/Sister(s) studying in t S. No. Name				Class/Sec	Admn. No.		
						•		
7.	•	n alumnus of this school]					
	Father	Yes / No]]		If yes, state yea			
	Mother	Yes / No	o to bo attach	ad)	If yes, state yea	ar or passing _		
	(Photocopy of class XII certificate to be attached) DECLARATION (TO BE FILLED IN BY THE PARENT/GUARDIAN) a) I wish to register my ward for admission to your school. b) I understand that the registration does not guarantee admission. c) I understand that incomplete or wrongly filled form will be rejected without any reason. d) I certify that information furnished in this form is based on facts and authentic record. In case any particulars found incorrect registration/admission is liable to be cancelled. e) I certify that no court case is pending against the custody of my child. f) I will pay the dues before due date under the decorum and discipline of the school, if failing admission is liable to be cancelled. g) I must take interest in my child's work and monitor his/her progress by attending the parent teacher meeting regularly. h) I accept that the School Management shall not be responsible for any damage/injury suffered by my ward whether in school premises or in the school conveyance or in any other manner or while on excursions and outing. I will however take best care of my ward. i) I have to make their own arrangements for to and fro travel of the ward(s). j) I accept the process of admission undertaken by the school and will abide by decisions taken by the school authorities. k) I understand, the school reserves the right to suspend/expel students whose conduct has a bad influence on other students. I accept the process of admission.							
Signati	ure of Moth	ner 5	Signature of Fa	ther		Signature of	Guardian	
Date _		Place						
Regn.	No				of Registration	D	ate	
Paprav	vat Road, N	lajafgarh, N.Delhi-11004				@gmail.com)	TEL. 9911493706	
Receiv	ved Registi	ration Form of			S/o, D/o			
for Re	gistration	to Class						