

# PARVATI MODERN PUBLIC SCHOOL

English Medium School

Main Saboli Road, Rajeev Colony, Near Shiv Mandir, Narela, Delhi-110040

Website Address: [www.pmpsdelhi.webs.com](http://www.pmpsdelhi.webs.com)

Email: [www.pmpsdelhi@gmail.com](mailto:www.pmpsdelhi@gmail.com)

Office Contact No.: 986803710, 9873870252



## ADMISSION FORM

For the Session 20\_\_-20\_\_

Admission Number:

For Class:

Date:

For Office Use

Please affix recent  
Passport size  
photograph of child

### Student Details:

1. Full Name (in block letters):
2. Date of Birth (in figure & words):
3. Gender: Male  Female
4. Nationality:
5. Category: SC/ST  OBC  General
6. Mother Tongue:
7. Seeking Admission in class:
8. Student's Weight, Height, Eye Sight & Blood Group  
Weight  Height  Eye Sight  Blood Gr
9. Class in which he/she has been reading in the previous school and medium of instructions (Hindi/English)

### Parents Details:

#### ➤ Father Particulars

1. Full Name (in block letters):
2. Education:
3. Annual Income:
4. Current Occupation:
5. Telephone Office:

6. Telephone/Mobile Home:

7. Email Address (if any):

➤ Mother Particulars

1. Full Name (in block letters):

2. Education:

3. Annual Income:

4. Current Occupation:

5. Telephone Office:

6. Telephone/Mobile Home:

7. Residential Address:

8. Permanent Address:

9. Email Address (if any):

**Sibling Details Studying in this School:**

- 1) Name: \_\_\_\_\_ Class: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Class: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Class: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Class: \_\_\_\_\_

**Authorization for pick up:** School bus  Individual

I ..... hereby undertake that my ward ..... shall always abide by all the rules of this institution. I also hereby undertake that he/she may be expelled at any moment from the school, for any offence which will be considered serious enough to merit expulsion and for any means found necessary by competent authority.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature/thumb impression of Parent/Guardian

\_\_\_\_\_  
Signature of Principal

Documents to be attached:

- a) One photocopy of the original Municipal Birth Certificate/T.C.
- b) One recent photograph of the child pasted in the space provided.
- c) Proof of Residence, a photocopy of the Electoral Card/Passport/Electricity Bill/ Telephone Bill/ Bank Account etc.
- d) Medical Certificate of the child from Regd. Medical Practitioner to be attached after the confirmation of Admission.

**Please note:**

- 1. Incomplete form may be accepted.
- 2. Both parents must accompany the child when called for interaction.
- 3. All bus routes will be at the discretion of the school authorities. The school may discontinue or change the bus service to any area if necessary.

# PARVATI MODERN PUBLIC SCHOOL

English Medium School

Main Saboli Road, Rajeev Colony, Near Shiv Mandir, Narela, Delhi-110040

Website Address: [www.pmpsdelhi.webs.com](http://www.pmpsdelhi.webs.com)

Email: [www.pmpsdelhi@gmail.com](mailto:www.pmpsdelhi@gmail.com)

Office Contact No.: 986803710, 9873870252

## Registration Form



For the Session 20\_\_-20\_\_

For Class: _____
Fee Paid: _____
For Office Use

Passport Size  
Photo of  
Student

### Student Details:

- 1) Full Name (in block letters): \_\_\_\_\_
- 2) Date of Birth (in figure): \_\_\_\_\_
- 3) Gender: Male  Female
- 4) Nationality: \_\_\_\_\_
- 5) Category: SC/ST  OBC  General
- 6) Mother Tongue: \_\_\_\_\_
- 7) Seeking Admission in class: \_\_\_\_\_

### Parents Details:

- 1) Father's Name (in block letters): \_\_\_\_\_
- 2) Mother's Name (in block letters): \_\_\_\_\_
- 3) Education: \_\_\_\_\_
- 4) Annual Income: \_\_\_\_\_
- 5) Current Occupation: 

Father's Occupation: _____	Mother's Occupation: _____
----------------------------	----------------------------
- 6) Annual Income: 

Father's Income: _____	Mother's Income: _____
------------------------	------------------------
- 7) Father's Contact No.: \_\_\_\_\_
- 8) Mother's Contact No.: \_\_\_\_\_
- 9) Residential Address: \_\_\_\_\_  
\_\_\_\_\_
- 10) Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
- 11) Email Address (if any): \_\_\_\_\_

### Registration Slip for Admission in PMPS

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Office Contact No.: 986803710, 9873870252

Teacher's Signature

Signature/Thumb Impression of Parent/Guardian