

Form No.: \_\_\_\_\_

Class to which Admission  
is sought: \_\_\_\_\_

Date: \_\_\_\_\_

## ST. MARTIN'S DIOCESAN SCHOOL

CHURCH ROAD, DELHI CANTT-110010

(Recognised by the Directorate of Education & C.B.S.E. Affiliated)

Phone No. - 011-25693597, 25692837

### REGISTRATION FORM

Academic Session 2021-22

1. Name of Pupil (*In Capital letters*) Master/ Miss: \_\_\_\_\_

2. Date of Birth (*In Figures*): DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY \_\_\_\_\_

3. Age (As on 31<sup>st</sup> March 2021): \_\_\_\_\_

4. Mother Tongue: \_\_\_\_\_

5. Nationality: \_\_\_\_\_

6. Religion: \_\_\_\_\_

7. Father's Name (*In Capital letters*): \_\_\_\_\_

8. Mother's Name (*In Capital letters*): \_\_\_\_\_

9. Father's Occupation : \_\_\_\_\_

10. Mother's Occupation : \_\_\_\_\_

11. Previous School Attended: \_\_\_\_\_

a) Class & Section : \_\_\_\_\_ b) Medium: \_\_\_\_\_

12. How you came to know about our School :

a. Recommended by someone, Pls Specify \_\_\_\_\_

b. School Website/Facebook Page

c. Other (Pls Specify) \_\_\_\_\_

13. Whether any sibling studying in the same school (Real Brother/Sister) (if yes) \_\_\_\_\_

Mention: Name \_\_\_\_\_

Class \_\_\_\_\_ Section \_\_\_\_\_

14. Whether ward of alumni: (Yes/No)

Date: \_\_\_\_\_

Signature **Father's / Guardian**

**Mother**

Place: \_\_\_\_\_

15. Residential Address: \_\_\_\_\_

Mobile No. Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Landline: Off. \_\_\_\_\_ Res. \_\_\_\_\_

E-mail: \_\_\_\_\_

Please Attach:-

1. DOB Certificate
2. Aadhaar Card copy of Students/ Parents.
3. Proof of the sibling(Latest Report Card of the elder sibling studying in our school).
4. Christian candidates to attach Church / Pastor Certificate.
5. Alumni – Class XII Marksheet / Pass Certificate issued by school.

**(THIS FORM DOES NOT GIVE ANY GUARANTEE FOR ADMISSION IN THE SCHOOL)**