

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 2020-21

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

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

3. Age (As on 31st March 2020): _____

4. Mother Tongue: _____

5. Nationality: _____

6. Religion & Caste: _____

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

Mention: Name _____
Class _____
Section _____

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

Date: _____

Signature **Father's / Guardian** **Mother**

Place: _____ Residential Address: _____

Mobile No. Father: _____ Mother: _____

Landline: Off _____ Res. _____

Please Attach:- E-mail: _____

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 Marksheets / Pass Certificate issued by school.

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