

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'



Session - 2023-2024

GURU HARKRISHAN PUBLIC SCHOOL

Branch :.....

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 : _____



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DELHI / NEW DELHI

FORM No.

Regn. No.:

Date : ____ / ____ / 2021

REGISTRATION FORM Pre Nursery / Nursery

Male

Female

Please paste
Passport Size
Photograph
of Child

PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY

PERSONAL DETAILS OF CHILD

- Name of the Child : _____
- Residential Address : _____
- Date of Birth (DD/MM/YY) ____ / ____ / ____
- Age as on 31.03.2019 : ____ Years ____ Months ____ Days
(in words) _____ Child with Special Need (CWSN): Yes No
- Nationality _____
- Religion _____
- Mother Tongue: _____
- Category : SC ST OBC General
- Minority _____
- Aadhar Card No.
- Birth order : 1st born 2nd born 3rd born
- Single Girl Child: Yes No
- Details of Sibling presently studying in this school (Please attach proof)
 - Name: _____ Class/Sec. _____ Admn.No. _____
 - Name: _____ Class/Sec. _____ Admn.No. _____
- Detail of Guardian:

Name _____

Relation with Child _____

Contact No. _____

PARENTS DETAILS

FATHER

MOTHER

	FATHER	MOTHER
Name		
Edu. Qualification		
Occupation/Designation		
Annual Income		
Office Address		
E-Mail ID		
Alumni (Yes / No) in which Year		
Tel. No.	(RES.)..... Off.....	(RES.)..... Off.....
	Mob.....	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.
- Proof of Residence (Passport / Electricity Bill / MTNL-Telephone Bill).
- Sibling (Attach Proof)
- Medical certificate of the Child with Special Need (CWSN)
- Alumni Proof (optional)
- Single Parent (Fatherless)