Admission No –	
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AMRITA PUBLIC SCHOOL

K-2/474, SANGAM VIHAR NEW DELHI-110080

ADMISSION FORM

Paste Passport Size Photo of child

Do Not Staple

Registrati	on No. 2024-25/	Date: Admission sought in Class :				
1. PAR	TICULARS OF TH	IE CHILD				
a. Name of Student :		b. Gender (M/F):				
c. Date of	Birth (in figures) :					
(In wor	eds) :					
d. Ageason31 ST March2023:		Months Days		Months		
				f. Nation	nality:	
_		C/ ST/ OBC/ Minority : h. Aadhaar No :				
	FICULARS OF RE	CSIDENCE				
b. Phone				c. Alterna	te Number	:
d. Distan	ce from Residence to S	chool: Kms meter	rs <u>e. Email-id</u>			
3. SIBL	ING DETAILS					
a. Real B	rother / Sister studying	in this School (Yes / No	:			
S.No.			Siblin	ng Name		Class & Section
i. ii.						
11.						
	TICULARS OF PA		/ C			Math.
S.No.	Name	Fatn	er / Guardian			Mother
b.	Aadhaar Number					
c.	Qualification					
d.	Occupation					
e.	Address					
f.	Mobile No.					
g.	School Alumni				***	
		Yes / No			Yes / No	
	If yes	Year Class			Year	

a. Single Parent-(Yes / No) :	b. Staff – (Yes / No)	f - (Yes / No):			
e. If childisphysically challenged / differentiallyable	l – (Yes / No) :				
l. Isthe Schooltransportrequired (on existing school	routes) – (Yes / No):				
	DECLARATION BY THE PARENT				
incorrect or false, the ward shall be automa regard. I/We also understand that the appli	n provided by me/us is correct and I/We unde tically debarred from selection / admission p cation / registration / short listing does not g the school and I/We will abide by the decision	process without any correspondence in the guarantee admission of my/our ward. I/W			
Paste Passport Size Photo Do Not Staple	Paste Passport Size Photo Do Not Staple	Paste Passport Size Photo Do Not Staple			
Father	Mother	Guardian (If applicable)			
SignatureofFather	Signature of the Mother	Signature of the Guardian (If applicable)			
 Domicile certificate of child or of his Voter I-Card (EPIC) of any of the p 	arents I/Passport in name of any of the parents or chi e name of any of the parents nool attended	ild			
	(For Office Use Only)				
ADMISSION NO.:	DATE OF ADMISSION:				
CLASS IN WHICH ADMITTED:	FEEID:				
STRUCK OFF ROLLS ON:					
	MDED DAME	<u></u>			
TRANSFER CERTIFICATE – (Yes / No):NU	MBER: DATE:				
TRANSFER CERTIFICATE – (Yes / No):NU Total Points Allotted : / 1 <u>00</u>	MBER: DATE:				