

ST. MATTHEW'S PUBLIC SCHOOL

SR. SEC. RECOGNISED & AFFILIATED WITH C.B.S.E.

A-6, Paschim Vihar, New Delhi-110063 Ph. : 011-25266019 E-mail : smpschoo@gmail.com Website : www.stmatthewschool.in

REGISTRATION FORM

GENERAL / EWS / DISADVANTAGE GROUP

S. No.



Registration No.

Date

NAME OF THE STUDENT (BLOCK LETTERS)

DATE OF BIRTH.....AGE ON 31-3-20__

CLASS (WHICH TO ADMITTED)GENDER

MOTHER'S NAMEFATHER'S NAME.....

MOTHER'S EDUCATIONFATHER'S EDUCATION

MOTHER'S OCCUPATIONFATHER'S OCCUPATION

MOTHER'S ANNUAL INCOMEFATHER ANNUAL INCOME.....

CASTE / TRIBERELIGION.....

PERMANENT ADDRESS

PRESENT ADDRESS

MOTHER'S PHONE NO.FATHER'S PHONE NO.

RESIDENCE PHONE NO.ANY OTHER PH NO.

PREVIOUS SCHOOL NAME PREVIOUS CLASS

HEALTH CONDITION SPECIAL ATTENTION REQUIRED

SPECIAL INTEREST

Documents Submitted :- (× / ✓ / N.A.)

- | | |
|--|---------------------------------|
| 1. DATE OF BIRTH CERTIFICATE | 7. PROOF OF ALUMNI |
| 2. 2 PHOTOGRAPHS | 8. PROOF OF SIBLING |
| 3. PROOF OF RESIDENCE | 9. AFFIDAVIT OF 1ST GIRL CHILD |
| 4. T.C. AND MARK SHEET OF PREVIOUS SCHOOL ATTENDED | 10. ORPHAN CERTIFICATE |
| 5. HEALTH CERTIFICATE | 11. INCOME CERTIFICATE |
| 6. PROOF OF SINGLE PARENT | 12. PROOF OF DISADVANTAGE GROUP |

Signature of Mother

Signature of Father

Regn. No. ...

Date.....

Date of Lucky Draw