## **DECLARATION CUM ADMISSION FORM**

## FOR OFFICE USE

Admitted in ......Admission No. .....

Principal's Signature



PASTE YOUR
PHOTO
HERE

No.

## SHANTIKUNJ PUBLIC SCHOOL

Affiliated to C.B.S.E. New Delhi Up to Secondary Level

Court Area, Behind L.I.C Office Jehanabad-804408

Dear	r Sir,				
Plea	se reg	ister the name of my son/daughter/ward for admission to the School as a			
1.	Nan	ne in Full			
2.	Admission sought to stndard				
3.	Date of Birth(in words)				
	(Birth Certificate or Transfer Certificate Must accompany this form)				
4.	a)	Name of Previous School attended			
	b)	Class last attended			
	c)	Medium of Instruction in the Previous School			
5.	a)	Fathers Name			
	b)	Qualificationc) Profession			
6.	a)	Mothers Name			
	b)	Qualification c) Profession			
7.	Nationality				
8.	PermanentAddress				
		***************************************			
		***************************************			
9.	Present Address				
		***************************************			
		***************************************			
		Telephone No ResOff			

## 10. PARENTS / GUARDIANS DECLARATION

I have read the rules and regulations of the school as given in the Prospectus. The Statement made here are, to the best of my belief and Knowledge CORRECT. If the facts Stated above are found INCORRECT at any stage, my son/Daughter/ward will forfeit his/her admission in the school. I shall Co-operate with the school management in every respect according to the rules regulation of the school or such other rules and regulation as may to framed from time to time. I do here by dentify the school management and staff against any claims arising through illness accident or any other cause. The school management and its staff will not be illness for any damage/charges/compensation on account of Injuries fetals or otherwise which may be sustained by the student any time while coming to the school or going back to his/her stay in school, whether taking part in academics/Sports/martial arts/physical training/excursion/tours extra co-curricular or any other form of activities of the school within or outside the school premises. All expenses that may be incurred in the treatment of such injuries will be born by the parents/guardian, in all the matters, the decision of the Director. Principal will be final binding.

11.	Specimen Signature of Parent/G	uardian	Full Signature of Parent/Guardian		
			- Line Health and Committee in the Line Health and Committee in th	7.6	
	A CARDON CONTRACTOR OF THE CON				