



GREEN VIEW PUBLIC SCHOOL

(SENIOR SECONDARY RECOGNISED & AFFILIATED TO C.B.S.E.)

Dwarka Vihar, Kakrola Road, Najafgarh, New Delhi - 110 043

No. 1826

REGISTRATION FORM

Affix Latest
Passport
Size Photograph

Registration No. _____
(To be filled in by the office)

Session : 20..... - 20

Date

1. Name of Student (In Capital Letters)

2. Date of Birth : Date : Month : Year :

(In words)

Age as on 1st April :

3. Class in which admission to be sought

4. Sex 5. Nationality 6. Mother Tongue

7. (a) Father's Name

(b) Mother's Name

8. Residential Address :

.....

..... Ph.

9. Parents' / Guardian's Information :

Father

Mother

(a) Qualification

(b) Age

(c) Occupation

(d) Designation (if in service)

(e) Office address &

Telephone No.

(f) Monthly Income

(g) E-mail

10. Whether applied for Transport : Yes No

Transport route from to

11. Is your real brother/sister studying in this school ?

His/her name Class studying

I certify that all the information given above are true and correct to the best of my knowledge and belief.
I shall not hold the school or authorities responsible for the same.

Signature of Parent/Guardian

Dear Parents,

Your ward is provisionally admitted in this school subject to the submission of the following Documents: - (Please tick the box (es), if submitted)

1. Photocopy of the date of birth certificate from approved authority.
2. Five recent passport size colour photographs of the student & one photograph of Mother and Father each.
3. Photocopy of the address proof & ADHAAR CARD (Father/Mother and Child)
4. Original Medical Fitness Certificate from registered MBBS doctor.
5. Photocopy of Category Certificate (SC/ST/ OBC).
6. Photocopy of Parents Transfer Order/ Joining Report, if applicable.
7. Photocopy of Mark Sheet (DMC) of last class.
8. Original Countersigned School Leaving Certificate (SLC).
9. Photocopy of class IX CBSE registration card & Original Character Certificate from the last school attended.

● **In case of pending documents:**

I father/mother _____ of _____ will submit these pending documents like _____ on or before _____.

Note: All photocopy documents are to be self attested by the parents of the student.

● **School authorities can contact us on the following mobile numbers in case of any urgency/emergency.**

- 1) (MOTHER)
- 2)..... (FATHER)
- 3) (GUARDIAN/NEIGHBOUR)

I shall take responsibility of informing the School in writing if any of my aforesaid numbers is getting changed.

Signature of Father/Mother/Guardian

MEDICAL FITNESS CERTIFICATE

Name of the student..... Age.....
Weight.....Height.....Chest.....
Eye Sight.....
General Health.....
Physical Deficiency, if any.....
ENT.....
Blood Group.....

I hereby certify that I have examined

And find that he/she is free from constitutional and hereditary disease or infirmity. I further certify that the child is not subject to any deformity or mental defect which could in any way interfere with his/her education.

Place.....

Sign. of Doctor