

APPLICATION FORM FOR ADMISSION

Gitarattan Jindal Public School

Sector 7, Rohini, Delhi-110085 Ph: 011- 27045607, 27045608, Fax: 011- 47057899 Email: info@gitarattan.com, URL: www.gitarattan.com

ADMISSION SOUGHT FOR STANDARD SESSION	Form No:	
INSTRUCTIONS:(a) There should not be any cutting and overwriting in the form.(b) Use blue ball point pen only.	Affix Child's Recent Photo	
I Student's Profile		
Student's Name (in block letters):		
Father's Name (in block letters):		
Mother's Name (in block letters):		
Gender F Female M Male Date of Birth	D M M Y Y Y Y	
Place of Birth Nationality		
Religion Passport Number		
Date of Issue Date of Expiry		
Age as on 31st March — D D M M Y	YYY	
School Transport (Yes/No). If Yes, from where		

IX Undertakings

- That the particulars given in the application form are correct.
- That I will abide by the rules & regulations of the school from time to time.
- That the decision of the Principal will be final & binding in all respect.
- That my ward (s) is not suffering with any contagious disease, or any other disease.
- That in case my child does not continue his/her studies, in the school after getting the admission, I will not demand for any refund of the amount deposited at the time of admission.
- That I appreciate that school arranges various educational visits/trips, sports and CCA, I understand that whilst taking every precaution to ensure the safety and well being of my child, the school does not accept liability in the case of unforeseen causalities.

I am	, p/o	, fully agree with above mentioned statements
X Particulars	of the Signatory	Signature of the Parent/Guardian
NameAddress	Rela	tionship with the child
Ph. No. (R)		Mobile

XI Important

Please bring the following documents along with this form at the time of registration/admission:

- Attested photocopy of the Birth Certificate.
- Original School Leaving Certificate counter signed by Education officer.
- Original Mark sheet
- Four Passport size photographs of the student.
- Fitness Certificate duly signed by the family doctor.

Let Us Know You Better

Affix Affix Affix Recent Recent Recent Photo Photo Mother of the Father of the Guardian of the child child child Specimen Signature Specimen Signature Specimen Signature

	FOR OFFICE USE ONLY	
Registration No. Date Receipt No.	Admission No. Date Receipt No.	

About Home Residential Address Pin City _____ State Fax Mobile Landline **Previous School Related Information** Name of the School last Attended (With Address) Whether School is Recognised and Affiliated(If Yes, by whom) Last Standard Completed Medium of Instruction Please indicate, if any children from your family are studying in Gitarattan or its any other branch: S. No Name of the School Child's Name Standard IV Father's Profile Educational Qualification (After Metriculation): Industry _____ Occupation _____ Designation ____ Office Address Pin City _____State Work Phone Fax

E-Mail

Passport No.

Date of Expiry

Mobile

Annual Income

Date of Issue

Mother's Profile Educational Qualification (After Metriculation): Industry _____ Occupation _____ Designation _____ Office Address _____ Pin City _____State Work Phone Fax Mobile E-Mail Annual Income Passport No. Date of Issue Date of Expiry VI Guardian's Profile Educational Qualification (After Metriculation): Industry _____ Occupation _____ Designation _____ Office Address City State Pin Work Phone Fax E-Mail Mobile Passport No. Annual Income Date of Issue Date of Expiry VII References Would you like to recommend any of your family member(s)/relatives/friends' children for admission: Parent Name Child Name Std. for Address S.No Ph. No Adm.

VIII	Almuni	
Are you the scho		ember/ Acquaintance/ Friend is a proud Alumni of
If Yes,	Name	Standard Passed
Addres	ss	
Ph No		Mobile