

S. M. ARYA PUBLIC SCHOOL

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

Run by the Management of Arya Samaj, Punjabi Bagh (West) ROAD NO. 45, PUNJABI BAGH (WEST), NEW DELHI – 110026

Phone: 011-42458777, 42468777, website: www.smaps.in Email Id:-info@smaps.in

REGISTRATION FORM FOR SESSION 20 - 20

PHOTOGRAPH OF STUDENT

No						
1. Name of the Studen	nt (In Block letters)					
2. Date of Birth:	,					
Date	Month	Year	[
3. Sex:	Male Female					
4. SC/ST:	Yes	No				
5. Adhaar no						
6. Class for which admission is sought						
7. Father's Name (In Block Letters)						
Office Address (if any)						
Designation						
Residential Address						
Tel. No. (Res.)	(Off.)	(Mob.)				
8. Mother's Name. (In Block letters)						
Designation						
Office Address if any:						
Residential Address						
Tel. No. (Res.)	(Off.)	(Mob.)				
9. Is the School Transp	portation required? Yes	No				

10. Medical Information : Specific disease			
Allergies (if any)			
11. Total annual income of Parents			
Sibling (Real brother/Sister only) (Tick appropriate)	Yes		No
If sibling in the same school	1.	Sibling Name	
Give details of sibling		Class-Section	
	2.	Sibling Name	
		Class-Section	
	3.	Sibling Name	
Calcarl Alamai		Class-Section	
School Alumni (Tick the appropriate)			
(A) Father		Yes	No
(B) Mother		Yes	No
	<u>Undertak</u>	king	
<u>I</u>	father/mother/guardian of		
Declare that information given above by me	is based or	n facts and authentic reco	ords. Admission of my
child may be cancelled if any information is	found to be	e false.	
			~:

Signature Name of Father/Mother/Guardian

(Enclose attested photocopies of the documents, original will be checked at the time of admission).