19 A 10	T. MARTIN'S DIO CHURCH ROAD, DEI der the Management of Diocese Phone No. 011-2089567 Website: <u>www.stmarting</u>	LHI CANTT-110010 of Delhi, Church of North India) 75, +91-7701847614
ESTD. 1960 REGISTRATION FORM-NURSERY		
	Academic Session: 2	025 - 26
FormNo.:		Date:
1. Name of the Pupil (In C	Capital letters) Master/Miss:	
2. Date of Birth (In Figure	es): DDMM	YYYY
3. Age (As on 31 st March	2025):	
4. Gender :	Male Female	Other
5. Mother Tongue:		
6. Nationality:		
8. Parents Profile:-		
Details	Father	Mother
	Father	
Name		
Occupation		
Office Address		
Office Ph. No.		
Mobile No.		
E-mail Id		
10. Whether any sibling s		e Specify :
	n No Class & S	

11. Whether ward of alumni: (Yes/No):	
If yes, year of passing (Class XII):	
12. Does your child have any medical conditi	on. (Yes/No)
If yes, specify	(Doctor's Certificate to be attached)
13. Is your child differently abled or has any	special needs? (Yes/No)
If Yes, Specify	
	(Doctor's Certificate to be
attached)	
14. Residential Address:	
15. How did you hear about our School:	
a. Recommended by someone, Please Specify	
b. School Website/Facebook Page :	
c. Others (Please Specify)	
Date:	
Place:	Signature of Father / Mother / Guardian
Please Attach:	
 DOB Certificate Aadhaar Card Copy of Parents and Pupil. 	
 Additional Card Copy of Parents and Pupil. One passport size photo each of Parents an 	d Pupil.
4. Proof of the Sibling (Latest Report Card/fees re	1
5. Christian Candidates to attach Church/Presbyte	C
6. Alumni-Class XII Marksheet / Pass Certificate i	issued by school.

(THIS FORM DOES NOT GIVE ANY GUARANTEE FOR ADMISSION IN THE SCHOOL)