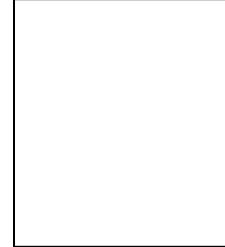




SADHU VASWANI INTERNATIONAL SCHOOL FOR GIRLS

Linguistic Minority School established and recognized under Article 30(1) of the Constitution of India
2nd Street, Shantiniketan, New Delhi –110021 Tel: 24110242, 24112390 Fax: 24114639

REGISTRATION FORM



FORM NO. _____

(Photograph of Student)

Registration for Pre School

1. Name of the Student (In block letters)

First Name _____

Surname _____

2. Date of Birth:

Date Month Year

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(In words) _____

3. Student Aadhar Card No. _____

4. Mother Tongue: _____

5. Nationality: _____ Religion _____

6. Details of Parents

a. Father's Name (In Block letters) _____ Age _____

Are you a single parent? Yes No

Qualification: _____

Profession: Service (Govt. / Private) / Business / Self-Employed

Designation : _____

Is the job transferable? Yes No Date of last Interstate transfer _____

Name of the station last posted to: _____

Office Address if any: _____

Residence Address: _____

Residence Tel. No. _____ Off. Tel. No. _____

Mobile No. _____ E-mail _____

b. Mother's name _____ Age _____
(In Block letters)

Are you a single parent? Yes No

Qualification _____

Profession: Service (Govt. / Private) / Business / Self-Employed

Designation : _____

Is the job transferable? Yes No Date of last Interstate transfer _____

Name of station last posted to: _____

Office Address if any : _____

Residence Address : _____

Residence Tel. No. : _____ Off. Tel No. _____

Mobile No. _____ E-mail _____

c. Guardian's Name & Relation _____
(In Block Letters)

Profession: _____

Designation : _____

Office Address if any _____

_____ Off. Tel No. _____

Residential Address _____

Residence Tel. No. _____

Mobile No. _____ E-mail _____

7. Whether school Transport required? Yes No

If yes, Route No. _____ Stop (from Route List) _____

If No, Are you in a position to provide your ward with safe transportation to and from the school?

Yes No

Distance from School to the nearest bus stop _____ Km.

8. Medical Information: Does the child have some Special needs?

If yes, give details with Medical Records _____

9. Sibling (Real sister only) Yes No

If sibling in SVISG, give details of sibling

Sibling's Name _____

Class & Section _____

(Please attach photocopy of real sister's student I card)

10. School Alumni
(Tick the appropriate) Yes No

If yes, Name as per the School Rolls _____

Class & Year of pass out _____ Admission No. _____

(Please attach photocopy of Marksheet / Passing certificate)

11. Defence Services
(Tick the appropriate) Yes No
(Please attach proof)

12. Following information to be filled by the parents of the applicant

(a) Mother

i. How many hours a day do you spend with your daughter?

ii. What are the various activities in which you are involved with your daughter?

(b) Father

i. How many hours a day do you spend with your daughter?

ii. What are the various activities in which you are involved with your daughter?

13. State if you / your spouse are recipient of any award / have won laurels in any field mentioned below :

Sports

Performing art/ Arts

Literature

Research work

Any other

If yes, proof will be required at the time of admission.

14. Please register my daughter Ms. _____ in your school. I shall produce the requisite documents at the time of admission.

Signature

UNDERTAKING

I _____ father / mother of _____ hereby declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false.

Signature

General Instructions :

Please enclose the following documents alongwith the registration form :

1. Attested photocopy of birth certificate
2. Residence Proof (Aadhar Card / Ration Card / Electricity Bill / Telephone Bill etc.)
3. Income proof in case of admission in economically weaker section category - Income Certificate of SDM / Tehsildar / salary slip / latest income tax return)

Note : Incomplete forms will not be entertained.