



ST. MARTIN'S DIOCESAN SCHOOL
CHURCH ROAD, DELHI CANTT-110010

(Recognized by the Directorate of Education & C.B.S.E. Affiliated)

Phone no. - 011-20895675, 20892683

Website: www.stmartinschooldelhicantt.com

REGISTRATION FORM
Academic Session : 2023-24

Form No.: _____

**Class to which Admission
is sought:** _____

Date: _____

1. Name of Pupil (*In Capital letters*) Master/Miss: _____

2. Date of Birth (*In Figures*): DD _____ MM _____ YYYY _____

3. Age (As on 31st March 2023): _____

4. Gender : Male ☐ Female ☐

5. Mother Tongue: _____

6. Nationality: _____

7. Religion: _____

8. Father's Name (*In Capital letters*): _____

9. Mother's Name (*In Capital letters*): _____

10. Father's Occupation: _____

11. Mother's Occupation: _____

12. Previous School Attended : _____

13. How did you hear about our School :

a. Recommended by someone, Pls. Specify _____

b. School Website/Facebook Page : _____

c. Other (Pls Specify) _____

14. Whether any sibling studying in the same school (Real Brother/Sister) (if yes) _____

15. Mention: Name _____

Class _____ Section _____

16. Whether ward of alumni: (Yes/No): _____

If yes, year of passing (Class XII): _____

17. Residential Address: _____

Mobile no. Father: _____ Mother: _____

Landline: Off. _____ Res. _____

E-mail: _____

Signature: _____

(Father)

(Mother)

Date: _____

Place: _____

Please Attach:

1. DOB Certificate
2. Aadhar Card Copy of Students & Parents.
3. One Passport Size Photo each of Student and Parents
4. Class Xth Pre Board Progress Report Card.
5. Application mentioning stream (Such as Science, Commerce or Humanities)
6. Proof of the Sibling (Latest Report Card of the elder sibling studying in our school).
7. Christian Candidates to attach Church/ Pastor Certificate.
8. Alumni – Class XII Marksheet/ Pass Certificate issued by school.

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