



S.V.T. PUBLIC SCHOOL

(RECOGNISED)

B-650, MITTAL MARKET, 40 FEET ROAD,
HIND VIHAR, PREM NAGAR-III, KIRARI DELHI-86

{M} :- 7678159467,7678149071

ADMISSION FORM

SESSION 202__ 202__

S.No.:

Admission No.

Affix student's
photograph
here

Affix father's
photograph
here

Affix mother's
photograph
here

ADMISSION IN CLASS _____

1. Student's Name (Block Letters) : _____

2. Date of Birth (in figures) : _____

(in words) _____

3a. Gender : Male Female Transgender 3b. Religion : _____ 3c. Caste : _____

4. Aadhaar No. :

5. Blood Group : _____

5. Category : Gen. SC ST OBC

6. Father's Name : _____ Contact No. _____

Occupation : _____ Qualification : _____

7. Mother's Name : _____ Contact No. _____

Occupation : _____ Qualification : _____

8. Permanent Residential Address : _____

9. Name of Brother/Sister Studying in this school :

	Name of Child	Admission No.	Class & Section
a)	_____	_____	_____
b)	_____	_____	_____

Note : 1. I understand that the decision of the principal regarding admission will be final and binding to me.

2. I understand to abide by school rules and regulations.

3. Admission provisionally granted/not granted.

4. I enclosed a copy of DOB/Affidavit/SLC.

5. I shall not ask for SLC before passing class VIII.

Dated : _____

Principal Sign.

Parents/Guardian Sign.

S.No.

Date : ___/___/20___

Name of Student _____ Father's Name _____ Mother's Name: _____

Admission To Class _____ Section _____

Signature of Admission In-charge