



# MAHARISHI DAYANAND PUBLIC SCHOOL

J-3/206-207, Rajouri Garden, New Delhi-110027

Serial No. .... **REGISTRATION FORM** Date .....

1. Pupil's Name .....

2. Pupil's Age ..... 3. Date of Birth .....

4. School last attended .....

5. In which class child is studying at present.....

6. Class in which admission is desired .....

7. Father's Guardian's Name ..... Income .....

8. Residential Address .....

9. Phone ..... Mobile .....

10. Occupation ..... Qualification .....

11. Office Address ..... Phone .....

12. Mother's / Guardian's Name ..... Income .....

13. Occupation ..... Qualification .....

14. Office Address ..... Phone .....

15. Family Status (Tick the correct one)

- (i) Joint
- (ii) Nuclear

16. Child's Nationality and Religion .....

17. In which field can you contribute to the growth of the school (Choose from below)

- a. Academics
- b. Sports
- c. Arts
- d. Performing Arts
- e. Material
- f. Services

g. Any Other (Please Specify).....

18. Name and Address of two References

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Admission Test of \_\_\_\_\_ will be held on \_\_\_\_\_

at \_\_\_\_\_ A.M. / P.M. for class \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_