



GURU HARKRISHAN PUBLIC SCHOOLS

(Managed by Governing body of Guru Harkrishan Public School (New Delhi) Society)

Session - _____

DELHI / NEW DELHI

FORM No.

REGISTRATION FORM

Male

Regn. No.:

Nursery / KG

Female

Please paste
Passport Size
Photograph
of Child

Date : ____ / ____ / ____

PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY

PERSONAL DETAILS OF CHILD

- Name of the Child : _____
- Residential Address : _____
- Date of Birth (DD/MM/YY) ____ / ____ / ____
- Age as on 31.03.2025 : ____ Years ____ Months ____ Days
(in words) _____ Child with Special Need (CWSN): Yes No
- Nationality _____
- Religion _____
- Mother Tongue: _____
- Category : SC ST OBC General
- Minority (Specify): _____
- Aadhaar Card No.
- Detail of Guardian (if any):
Name _____
Relation with Child _____
Contact No. _____
- Birth order : 1st born 2nd born 3rd born
- Single Girl Child: Yes No
- Details of Sibling presently studying in this school (Please attach proof)
 - Name: _____ Class/Sec. _____ Admn.No. _____
 - Name: _____ Class/Sec. _____ Admn.No. _____

PARENTS DETAILS

FATHER

MOTHER

Name		
Educational Qualification		
Occupation/Designation		
Annual Income		
Office Address		
E-Mail ID		
Alumini (Yes/No) If Yes, Mention Year		
Tel. No.	(RES.)..... Off.....	(RES.)..... Off.....
	Mob.....	Mob.....

Signature : _____
Father Mother Guardian

Photocopy of Documents Required:-

- Date of Birth Certificate of the Child from MCD/NDMC/Corporation of the other state.
- Aadhaar Card of the Child.
- Proof of Residence (Passport / Electricity Bill / MTNL-Telephone Bill).
- Sibling (Attach Proof)
- Medical certificate of the Child with Special Need (CWSN)
- Alumini Proof (Class XII Mark Sheet)
- Single Parent (Fatherless)

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‘ਵਿਦਿਆ ਵੀਚਾਰੀ ਤਾਂ ਪਰਉਪਕਾਰੀ’

'He is learned indeed who does good to others'



GURU HARKRISHAN PUBLIC SCHOOL

GURU HARKRISHAN PUBLIC SCHOOL, _____

REGISTRATION RECEIPT (For Office use only)

Registration No.: _____ Registration No. Receipt : _____ Registration for Class : _____

Name of the Child : _____ D.O.B. _____

Father's Name _____ Mother's Name _____

Date : ____/____/____ Signature : _____