



Registration No. : \_\_\_\_\_

Class: \_\_\_\_\_

**Salwan Public School**  
Sector C-7, Trans Delhi Signature City, Ghaziabad- U.P.

Website: [www.spstronica.in](http://www.spstronica.in)E-mail: [spstronica@salwanschools.com](mailto:spstronica@salwanschools.com)

**REGISTRATION FORM (2016-2017)**

Photograph of the child	Photograph of Father	Photograph of Mother
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**GENERAL INSTRUCTIONS:**

- A. The Registration Form should be filled by the Parent in CAPITAL letters only.
- B. Tick or enter details, as appropriate. Incomplete forms will be rejected.
- C. Submission of the form does not mean grant of admission.
- D. Original documents should be produced at the time of verification.

**APPLICANT INFORMATION:**

1. Name of the child : \_\_\_\_\_
2. Gender : Male  Female  Age as on 31.03.2016 : \_\_\_\_\_
3. Date of Birth : (in figures) \_\_\_\_\_ (in words) \_\_\_\_\_
4. Place of Birth : \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_
5. Category : Gen  SC  ST  OBC
6. Residential Address : \_\_\_\_\_  
Pin:
7. Name of the last school attended : \_\_\_\_\_
8. Result/Grade(last examination): \_\_\_\_\_
9. Reason of leaving School : \_\_\_\_\_
10. Is the child suffering from any disability/ impairment or is specially challenged (Yes/ No) \_\_\_\_\_  
If Yes(specify) \_\_\_\_\_

**PARENT INFORMATION:**

	Father	Mother
Name	: _____	: _____
Age	: _____	: _____
Qualification	: _____	: _____
(Please ✓ only)	<input type="checkbox"/> Under-Grad. <input type="checkbox"/> Graduate <input type="checkbox"/> Post-grad. <input type="checkbox"/> Professional	<input type="checkbox"/> Under-Grad. <input type="checkbox"/> Graduate <input type="checkbox"/> Post-grad. <input type="checkbox"/> Professional
Occupation	: Service <input type="checkbox"/> Business <input type="checkbox"/>	: Service <input type="checkbox"/> Business <input type="checkbox"/>
(Please ✓ only)		
Office Address	: _____	: _____
Annual Income	: _____	: _____
Mobile No.	: _____	: _____
E-mail ID	: _____	: _____

**UNDERTAKING**

I/we hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect/false, my/our ward shall be automatically debarred from selection/admission process and admission, if granted, will be cancelled by the school without any further correspondence in this regard. I/we also understand that the registration/short listing does not guarantee admission to my/our ward. I/we accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities. I/we understand that the school is accepting the application form without prejudice to its rights, as the matter regarding admission is subject matter of challenge. I/ we shall accept the decision of the school in this regard also.

Please register my child named above, for admission in your school. I shall produce the original documents at the time of admission/ verification.

Signature of Father  
Date:

Signature of Mother  
Date:

**Distance Range - Locality****[0-8 Kms.]**

Trans Delhi Signature City,, Pavi, Loni Tiraha, Sonia Vihar Pusta-2, Agrola, Pachlok, Mandola OBC, Ram Park, Rameshwar Park, Khanpur,

**[Specified School Bus Route]**

Loni Golchakkar, LIG /MIG Flat, Durga Puri, Dilshad Garden, Mauj Pur, Yamuna Vihar, Bhajanpura, Sonia Vihar Pusta 1-5, Nanaksar, Sabhapur, Chauhan Patti, Khajuri, Usmanpur Pusta 1-5, CRP Camp, Delhi Police, MCD Toll Tax, Rameshwar Park, Ram Park, Khanna Nagar, Lal Bagh, Balram Nagar, Indira Puri, Jawahar Nagar, Shanti Nagar, Loni, DLF Ankur Vihar, SLF, Pashchimi Karawal Nagar, Mandola, Agrola, Panch lok, Khekra, Rampark Ext., Khanpur, Trans Delhi Signature City

**Note:**

- School provides transport facility on above given specified routes.
- The present admission process and admission, if granted, are without prejudice to the rights and contentions of the school.

**The documents (photocopies) to be attached along with the completed Registration Form at the time of submission:**

1. **Birth Certificate of the child** issued by MCD/CRS or competent authority
2. **Medical Certificate of the child** if the child is suffering from any physical or mental disorder/impairment/disability
3. **Copy of Medical Immunization card of the Child**
4. **Residence Proof** (Election Card/ Ration Card/ Passport/Telephone bill/ Electricity bill/Driving License)
5. **Sibling** (Report Card / Latest Fee Receipt of the sibling)
6. **Single Parent** (Certificate in support of the same)
7. **Certificate of SC/ST/OBC.**
8. **Report Card of last exam attended**
9. **Transfer certificate**
10. **Documents** to substantiate parameters at Serial number 2,5 ,6 & 7, if applicable

**\*NOTE: Final admission is subject to the verification of the above mentioned documents [in original].**

**Salwan Public School**  
**Sector C-7, Trans Delhi Signature City, Ghaziabad, U.P.**  
**(Session 2016-17)**

**REGISTRATION SLIP**

Regn. No. \_\_\_\_\_

Received Registration Form in respect of \_\_\_\_\_ son/ daughter of

\_\_\_\_\_ on \_\_\_\_\_ for class \_\_\_\_\_

1. Parents' along with the child are requested to come for verification on \_\_\_\_\_ at \_\_\_\_\_.
2. This slip is to be carried on the day of verification.

Dated: \_\_\_\_\_

**(School Office)**