

St. CECILIA'S PUBLIC SCHOOL (Minority)

(Sr. Sec. Recognized Affiliated to CBSE)

F- Block, Vikas Puri, New Delhi – 110018 Tel.: 45535761/62 E-mail: helpdesk@cecilia.in

Registration Fee of Rs. 25/- to be paid at the time of submission of duly filled form

Registration No. :

REGISTRATION FORM General Category - RAJOURI GARDEN BRANCH

Paste
Photograph
of
Child

Paste
Photograph
of
Father

Soiled or torn, it will be rejected outright.

Paste Photograph of Mother

Class: Pre - School / Nursery (Age Eligibility: 3+ as on 01.04.2015)

Note: Registration Form should be filled with due care. if found incomplete, illegible, overwritten,

Session: 2015-16

1.	Name of the Child(in block letters)		
2.	Date of Birth DD MM YYYYY (Children born between 01.04.2011-31.03.2012)	10	
4.	Age as on 01.04.2015: Years Months Days		
5.	Whether Parent with Single Child: YES NO	10	
	If "yes", please enclose Affidavit from the Notary that the child is first born.		
6.	Residential Address:		
	Ph. No./Mob.	40/30	
	E-mail ID:		

Please Note the following:

- Children living in the area as per list of localities hereunder Vikaspuri, Janakpuri, Paschim Vihar, Sunder Vihar, Meera Bagh, Tilak Nagar, Subhash Nagar, Rajouri Garden, Mansarovar Garden, Ramesh Nagar, Shankar Garden, Kirti Nagar, Mayapuri, Vishal Enclave, Bali Nagar, Hari Nagar, Punjabi Bagh will get 40 points.
- · Children living in areas not covered above will get 30 points
- Please attach the proof of Residence and also note that Transport facility is not provided by School.

	7.	(a)) Is sibling of student studying in St. Cecilia's Public School? Please reply only with reference to the students real Sister/Brother		15		
		(b)	If Yes, pleas	e give following details of the sibling	g:-		
			Name:				
			Code No		Section:		
		(c) Do you have any children studying in other schools? if so, kindly specify.					
			Name of R	eal Brother/Sister Age	School Attending/Attended		
	8.		Whetherar	ny of the Parents employed in De	fence services. YES NO	05	
			if Yes, pleas	se attach the proof.			
	9.		Medical Info	ormation: Is the child suffering from	n any disease/disability: YES NO		
			If Yes, pleas	se mention			
10. School Alumni: (NOTE: Student Passing Class X & XII will be considered as Alumni. Please attach				as Alumni. Please attach the proof)			
			If Yes,	1 In 10 11 11 11 11 11 11 11 11 11 11 11 11	f Yes, Year of Passing Class X XII	10	
	11.			ny of the Parents belongs to sikh			
	12.	2. Whether any of the Parent is a National/State Level Awardees in any field. If Yes, please attach the proof. YES NO				10	
	13.		INFORMAT	TION ABOUT PARENTS FOR S	CHOOL DATA-BASE ONLY:		
				FATHER	MOTHER		
	Name Qualifica Annual I		e				
			fication				
			al Income				
	Pi	Profession					
	0	Organisation		* *			
Designation							

Office Address

Phone No

14.	Staff Category:					
	Children of staff members who are permanently employed in the Institution. Give details:					
15.	Please enclose self attested photocopies of the applicable documents. Originals will be checked at the time of admission. Incomplete form will be rejected. Registration fee paid is not refundable/adjustable. No transport facility is provided by the school. Parents have to make their own good and safe transport arrangement. Points will not be given if Proof is not enclosed.					
	Enclosures :- Mark for documents enclosed					
	Birth certificate of the child issued by the MCD/appropriate authority.					
	Residential proof – copy of Elector's ID Card/Driving License / Ration Card / Passport / Electricity Bill. Rent deed will not considered as Residence Proof.					
	Community Certificate in case of Sikh Candidate from Delhi Sikh Gurudwara Management Committee or any Gurudwara.					
	Proof of being an Alumni of school (i.e.) Class X & Class XII Certificates.					
	Affidavit In Case of Single Child.					
	Proof of sibling: Photocopy of ID / Fee Card.					
	Proof of being National / State Level Awardee					
	Proof of Defence Services					
Please register my Son / Daughter named above in your school. I shall produce the requoriginal documents at the time of admission.						
	Signature of Father Signature of Mother					
Declaration by the Parents						
1	(Name)Father/Mother of guardian of					
Date:						
	Signature of Father Signature of Mother					