



St. CECILIA'S PUBLIC SCHOOL (Minority)

(Sr. Sec. Recognized Affiliated to CBSE)

F- Block, Vikas Puri, New Delhi – 110018
Tel. : 41440061/62 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

Open Seats/Reserve Seats - **RAJOURI GARDEN JUNIOR WING**

at J-9/17B, Rajouri Garden, New Delhi-110027

Paste Latest Photograph of Child

Paste Latest Photograph of Father

Paste Latest Photograph of Mother

Class: Pre - School / Nursery
(Age Eligibility: 3+ as on 01.04.2019)

Session: 2019-20

- Please Note: (i) Registration/Admission Procedure/Criteria/Basis/Schedule etc. as per Govt. Order (DOE) from time to time in so far applicable to Minority School.
- (ii) For Further information refer to School Notice Board/School Website: www.cecilia.in
- (iii) Registration Form should be filled with due care, if found incomplete, illegible, overwritten, soiled or torn, or with wrong information will not be considered for Registration / Admission.

1. Name of the Child.....
(in block letters)

2. Date of Birth

(Children born between 01.04.2015 - 31.03.2016)

3. Gender: M F

4. Age as on 01.04.2019: Years Months Days

5. Residential Address :
..... Pin Code.....

Mobile No.:E-mail ID :

6. Whether any of the Parent belongs to Sikh community :
If Yes, please attach the proof.

YES NO

7. Details of sibling of applicant studying in St. Cecilia's Public School. Please fill only with reference to the applicant's real Sister/Brother.

(a) If Yes, please give following details of the sibling :-

Name :

Code No Class : Section :

(b) Details of sibling of applicant studying in other school ? if yes, kindly specify.

Name of Real Brother/Sister	Age	School Attending/Attended
_____	_____	_____
_____	_____	_____

8. School Alumni: (Tick the appropriate):

(NOTE: Student Pass out of Class X & XII both will be considered as Alumni. Please attach the proof)

YES	NO
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Father: If Yes, Year of Passing Class X..... XII.....

Mother: If Yes, Year of Passing Class X..... XII.....

9. Special Ground Parents? Please attach the proof.

Parents serving in Defence Services.

YES	NO
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Parents serving as Doctors.

YES	NO
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10. Proven Track Record Parents?

Parent is an awardee from any Governmental Body in any field?

YES	NO
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If Yes, please attach the proof.

Father:
(Name of Award & Organization)

Mother:.....
(Name of Award & Organization)

11. INFORMATION ABOUT PARENTS FOR SCHOOL DATA-BASE ONLY:

	FATHER	MOTHER
Name		
Qualification		
Annual Income		
Profession/Business Name		
Organisation Name		
Designation		
Office Address Tel. No. / Email Id		

12. **Medical Information: Is the child suffering from any disease/disability?**

YES	NO
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If Yes, please give details and attach medical certificate

13. **Staff Category :**

Whether child is a staff ward of a regularised employee of the school?

YES	NO
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If yes, Give details:

.....

14. 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 non refundable/ non adjustable. **No transport facility is provided by the school.** Parents have to make their own secure and safe transport arrangement for their ward if admitted. If proper proof of documentation for the purpose of admission is not enclosed, their points even if applicable will not be allotted.

Enclosures :- Mark for documents enclosed

- A Birth certificate of the child issued by the MCD/appropriate authority.
- B Residential proof – copy of Election ID Card/Driving License / Ration Card /Adhaar Card / Passport / Electricity Bill / Water Bill. **Rent deed will not be considered as Residence Proof.**
- C Proof of sibling : Photocopy of students ID / Fee Card already studying in School.
- D Proof of being an Alumni of school Class X & Class XII Certificates.
- E Community Certificate in case of Sikh Candidate from Delhi Sikh Gurudwara Management Committee or any Gurudwara.
- F Proof of being a Special Ground Parent.
- G Proof of being a Proven Track Record Parent.
- H Medical Certificate.

Please register my Son / Daughter named above in your school. I shall produce the requisite original documents at the time of admission.

.....
(Signature of Father)

.....
(Signature of Mother)

Declaration by the Parents

I..... (Name) Father / Mother of
.....(Name of the Child) hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward may be cancelled. In the event of our child being granted admission in the school, I/we guarantee to pay the fees as charged by the school during the year/s.

Date:

.....
(Signature of Father)

.....
(Signature of Mother)

