

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 / admissions@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 - VIKASPURI JUNIOR WING

at C-12, Vikaspuri, New Delhi-110018

Paste	Paste	Paste
Latest	Latest	Latest
Photograph	Photograph	Photograph
of	of	of
Child	Father	Mother

Class: Pre - School / Nursery (Age Eligibility: 3+ as on 01.04.2024) Session: 2024-25

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 must be filled with due care, if found incomplete, illegible, overwritten, soiled or torn, or with wrong information, then, it will not be considered for Registration / Admission.

1.	Name of the Child			
2.	Date of Birth D D M M Y Y	Y Y 3. Gender	: M	F
	(Children born between 01.04.2020 -	31.03.2021)		
4.	Age as on 01.04.2024: Yea	rs Months	Days]
5.	Residential Address :			
			. Pin Code	
	Mobile No.: 1			
6.	Parent belonging to Sikh Religion: If yes, please attach the proof.		[Y N

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

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

Name :

Admn No:Class: Section:

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

Name of Real Brother/Sister	Age	School Attend	ling/At	tended
School Alumni: (Tick the appropriate): (NOTE: Student Pass out of Class X & XIII Please attach the proof of passing Class X		ered as Alumni.	Y	N
Father: If yes, Year of Passing Class		and Class XII	YY	YY
Mother: If yes, Year of Passing Clas	s X Y Y Y	and Class XII	YY	YY
Special Ground Parents. Please att Parents serving in Defence Services Parents serving as Doctors.			Y	N
Proven Track Record Parents. Parent is an awardee from any Gov If yes, please attach the proof.	vernmental Bod	y in any field?	Y	N
Father:	ward & Organization)			
Mother:	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.	In case of Single Parent, attach supporting documents.		Ν			
13.	3. Medical Information: Is the child suffering from any disease/disability?		Ν			
	If yes, please give details and attach medical report /history.					
14.	Staff Category :	Y	N			
	Whether child is a staff ward of a regular employee of the school? If yes, 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 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					
А	A Birth certificate of the child issued by the MCD/appropriate authority.					
В	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.					
С	Proof of sibling - Photocopy of student's ID / Fee Card / Report Card already	y				
	studying in this School.					
D	Proof of being an Alumni of School - Class X & Class XII Certificates.					
Е	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.					
Н	Medical records of disease/disability (if any).					
Ι	Proof of Single Parent.					
	se register my Son / Daughter named above in your school. I shall produ isite original documents at the time of admission.	ice the				
	(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)