



# SANT NISCHAL SINGH PUBLIC SCHOOL

(Senior Secondary affiliated with C.B.S.E., Delhi, Vide Regn. No. 530029)

YAMUNA NAGAR - 135 001

Tel. : 01732 - 227735 • Fax : 01732 - 223791

E-mail : info@snsps.org • Visit us at : www.snsps.org

(ISO 9001 : 2000 Certified)

**REGISTRATION  
CUM  
ADMISSION FORM**

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

Session : \_\_\_\_\_

**"REGISTRATION IS NO GUARANTEE FOR ADMISSION"**

Student's  
Photographs

Sr. No.

### For office use only

Registration No. \_\_\_\_\_ Registration Fee Rs. \_\_\_\_\_

Receipt No. Date: \_\_\_\_\_ Date: \_\_\_\_\_

Can be admitted : Yes       Waiting List       On Hold

Sign. Chief Co-ordinator: \_\_\_\_\_ Headmistress \_\_\_\_\_

- ▶ Name of Child : \_\_\_\_\_
- ▶ Gender :                              Male                               Female
- ▶ Class applied for : \_\_\_\_\_
- ▶ Date of Birth \_\_\_\_\_ Age as on (1st April) \_\_\_\_\_ Years \_\_\_\_\_ Months
- ▶ Current School : \_\_\_\_\_
- ▶ Present standard in which the student is studying : \_\_\_\_\_
- ▶ Mother's Name : \_\_\_\_\_
- ▶ Father's Name : \_\_\_\_\_
- ▶ Religion: Category : General OBC SC/ST \_\_\_\_\_
- ▶ Permanent Home Address: \_\_\_\_\_
- ▶ Correspondence Address (if any) : \_\_\_\_\_
- ▶ Telephone No. (Land line) \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_
- ▶ E-Mail : \_\_\_\_\_



<u>Mother's Particular</u>	<u>Father's Particular</u>
Education : _____	Education : _____
Occupation : _____	Occupation : _____
Annual Income : _____	Annual Income : _____
Office Address : _____	Office Address : _____
If in job (Transferable) Yes/ No _____	If in job (Transferable) Yes/ No _____
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 100px; margin: 0 auto;">Mother's Photographs</div>	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 100px; margin: 0 auto;">Father's Photographs</div>

► **Family Type :** Nuclear \_\_\_\_\_ Joint \_\_\_\_\_

**Parent Detail :** Single Parent \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_  
(Tick only if single parent)

► Name and address of local guardian (if any) \_\_\_\_\_

► Guardian Occupation \_\_\_\_\_

► Contact No. (Land line) \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

► E-mail : \_\_\_\_\_

► **If real Brother or sister presently studying SNSPS, YNR/ LADWA**

Admission No	Name	Class	Section

► **Ex Student (Does his/her Father/Mother/Sister on old student of SNSPS)**

Father  Batch  CBSE Roll No. (X, XUII)

Mother  Batch  CBSE Roll No. (X, XUII)

Brother  Batch  CBSE Roll No. (X, XUII)

Sister  Batch  CBSE Roll No. (X, XUII)

**About Child**

► Any serious illness, physically challenged or learning difficulties \_\_\_\_\_

► Language known (Mother Tongue First) 1. \_\_\_\_\_

2. \_\_\_\_\_

► Please briefly write why you would like your child to attend SNSPS \_\_\_\_\_



► **Fill in the following to help us know more about your child:**

No.	LIKES	DISLIKES
<b>FOOD</b>		
1		
2		
3		
<b>COLOURS</b>		
1		
2		
<b>SPORTS/GAMES</b>		
1		
2		
<b>T.V. Prgrames</b>		
1		
2		

- School Transport required :                      Yes                       No
- Can you provide safe transport :                      Yes                       No

► **Certificates to be submitted at the time of admission :**

1. Birth Certificate issue by Municipal Corporation
2. Three Passport size photographs (one must be attested by Gazetted Officer)
3. Photocopy of immunization Card.

► **PROCEDURE**

1. Filled this form
2. Return to school Office and get your Registration Number for Further communications.

► **RULES :**

1. Registered student on the waiting list is NOT confirmed for the admission.
- 2.Registration/Admission fees amount is neither refundable nor transferable under any circumstances.
3. Any dispute regarding registration and admission or any other matter related to the students would by subject to Jagadhri District Court only.

►**DECLARATION**

I hereby solemnly declare that all the statements made in the above form are true & correct to the best of my knowledge & behalf.

I fully understand that in event of any information being found false or incorrect. I will not claim any refund of deposit fees.



I also declare that the date of birth & spelling of the name of my ward are correctly given in this form & that I shall NOT make a request for any change later on.

I have carefully read the rules & regulations laid down in the registration form & school prospectus. I am keen to have my son educated in the SNSPS, YNR/LADWA.

I hereby agree to abide by them.

Mother  Father  Guardian  Signature

Place: \_\_\_\_\_

Name of the Father/ Mother/ Guardian

Date: \_\_\_\_\_

(\_\_\_\_\_)

Telephone : School Reception : 01732-227735, Fax : 01732-223791,  
Website : [www.snsps.org](http://www.snsps.org). E-mail ID : [info@snsps.org](mailto:info@snsps.org)  
Register your Query: