

LILAWATI VIDYA MANDIR

SHAKTI NAGAR, DELHI - 110 007

APPLICATION FOR REGISTRATION FOR PRE-SCHOOL(NURSERY)2020-2021(OPEN SEATS)To be filled by Office
Registration No.

O	P	E	N	/	2	0	/	N						
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Father

Mother

Child

1	Name of the child (in block letters)													
2	Date of Birth	DD			MM			YYYY						
	Age as on 31.03.2020 Years Months Days												
3	Gender (tick one)	Male			Female									
4	Category* (tick one)	General			SC			ST			OBC			
5	Mother tongue of the child													
6	Residential Address													
	Pin Code													
	Distance from School	0 - 3 Kms.				3 - 5 Kms.								
	(tick one)	5 - 8 Kms.				Above 8 Kms.								
	Contact Phone No(s).													
	Email Address													
7	Details of Parents / Guardian													
	(A) Father's Name													
	Academic Qualification*													
	Occupation and Designation*													
	Name and Address of													
	Organisation													
	Annual Income*													
	(B) Mother's Name													
	Academic Qualification*													
	Occupation and Designation*													
	Name and Address of													
	Organisation													
	Annual Income*													
	(C) Guardian's Name (if applicable)													
	Academic Qualification*													
Occupation and Designation*														
Name and Address of														
Organisation														
Annual Income*														

* These particulars do not carry any points. Information only for record.

8	Sibling Real brother/sister only (tick one) (if sibling is in the same School, give details of sibling)	Yes		No		
		Sibling Name				
		Class-Section				
9	School Alumni	If Yes, year of passing				
	(A) Father (tick one)	Yes		No		
	(B) Mother (tick one)	Yes		No		
10	(A) Do you require School transport?	Yes		No		
	(B) If no, are you in a position to provide safe transport to the student to and from the school ? (tick one)	Yes		No		
11	Do you require Day Boarding Facility for your ward? (tick one) (Please refer to the Day Boarding Facility Brochure)	Yes		No		

Please register my son/daughter/ward whose particulars are mentioned hereinabove.

Signature (Father/Mother/Guardian)

Name :

DECLARATION

I/We hereby declare that the above information is correct to the best of my/our knowledge and belief.
I/We understand that the decision of the Principal regarding admission will be final and binding on us.
I/We agree to abide by the School rules if my/our child is selected for admission.

Signature of the mother

Signature of the father /guardian

Place :

Date :

List of Supporting Documents to be enclosed with the Application Form : (OPEN SEATS)

Copies of following **self attested** documents must be annexed to the duly filled up Application Form. Please note in the absence of necessary documents, Application is liable to be rejected summarily.

- (i) Birth Certificate of the child issued by a Municipal Body.
- (ii) Any one of the following documents as proof of residence:
 - a. Ration Card issued in the name of parents (Mother/Father having name of child)
 - b. Domicile Certificate of child or of his/her parents.
 - c. Voter I-Card (EPIC) of any one parent.
 - d. Electricity Bill/MTNL Bill/Water Bill/Passport in the name of any one parent of the child.
 - e. Aadhaar Card/UID Card issued in the name of any one parent.
- (iii) Proof of sibling if applicable.
- (iv) Proof of alumni if applicable.
- (v) A computer print-out of Google Map showing the distance between the child's residence and School 'as the crow flies'
- (vi) SC/ST/OBC Certificate if applicable.

L I L A W A T I V I D Y A M A N D I R

SHAKTI NAGAR, DELHI - 110 007

ACKNOWLEDGEMENT

Form No.

Received Application Form in respect of _____ for registration
(Name of the child)

to PRE-SCHOOL(NURSERY) vide Registration No.

O	P	E	N	/	2	0	/	N				
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Date :

Signature