ST. MARTIN'S DIOCESAN SCHOOL, CHURCH ROAD, DELHI CANTT-110010
(Recognized by the Directorate of Education & C.B.S.E. Affiliated)
Phone no. - 011-20895675, 20892683

REGISTRATION FORM
Academic Session : 2021-22

Form No.:_____

Class to which Admission is sought:_____

Date:_____

1. Name of Pupil (*In Capital letters*) Master/Miss:_____
2. Date of Birth (*In Figures*): DD_____MM_____YYYY_____
3. Age (As on 31st March 2021): _____
4. Mother Tongue: _____
5. Nationality:_____
6. Religion:_____
7. Father's Name (*In Capital letters*): _____
8. Mother's Name (*In Capital letters*): _____
9. Father's Occupation: _____
10. Mother's Occupation :_____
11. Previous School Attended: _____

a) Class & Section :_____b) Medium: _____

12. How you came to know about our School :

a. Recommended by someone, Pls Specify_____
b. School Website/Facebook Page
c. Other (Pls Specify)_____

13. Whether any sibling studying in the same school (Real Brother/Sister) (if yes)_____
14. Mention: Name_____
Class_____Section_____
15. Whether ward of alumni: (Yes/No)

Date:_____ _____

Signature **Father's / Guardian** **Mother**

Place: _____

16. Residential Address: _____

Mobile no. Father:_____Mother:

Landline: Off._____Res. _____

E-mail: _____

Please Attach:-

1. DOB Certificate
2. Aadhaar Card copy of Students/ Parents.
3. Proof of the sibling(Latest Report Card of the elder sibling studying in our school).
4. Christian candidates to attach Church / Pastor Certificate.
5. Alumni – Class XII Marksheet / Pass Certificate issued by school.

(THIS FORM DOES NOT GIVE ANY GUARANTEE FOR ADMISSION IN THE SCHOOL)