

Registration No. _____

Excellence has No Limits



SACHDEVA GLOBAL SCHOOL

Sector-18A, Phase-II, Dwarka, New Delhi-110078
 Tel.: 011-28033005, 28032150 | Email : info@sachdevaglobal.in
 Website : www.sachdevaglobal.in

Passport size
 photograph of
 Child

REGISTRATION FORM : 2023 - 2024

CLASS : _____

Instructions for filling the Form :

1. Fill the form in CAPITAL LETTERS only.
2. Attach self-attested photocopy of the Birth Certificate issued by Competent Authority.
3. Please give complete information and all columns to be filled
4. One additional address proof other than Aadhaar Card.

Details of the Child

First Name

Last Name

Date of Birth (In figures)

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age as on 31.03.2023

Days	Months	Years
<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Birth

Nationality

Gender : Male

☐

Female

☐

Other

☐

Mother Tongue

AADHAAR No. of the child

PARENTS' DETAILS

	FATHER	MOTHER	GUARDIAN
Photographs	Passport size photograph of Father	Passport size photograph of Mother	Passport size photograph of Guardian, if any
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Educational Qualification	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession/Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Organization	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Office	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhaar Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voter ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Present Address (Attach Proof)
Pin Code

Permanent Address
Pin Code

Other Details (Please (✓) the appropriate with proof)

<input type="checkbox"/> General	<input type="checkbox"/> OBC	<input type="checkbox"/> SC	<input type="checkbox"/> ST
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Minority Community
(If yes, specify)

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Religion

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Details of Children :

i) Number of children (including the candidate) _____

ii) Details of school going children

	Child - 1	Child - 2	Child - 3
Name of the child			
Class			
Institution			
Admission No. (if in this school)			

Please Mark the category for application, if applicable :-

Staff Ward

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Sibling

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Details of Last School Attended :

Name of the School Last Attended			
Admission No.		TC No.	
Grade/Percentage last scored		No. of years studied	
Board			
Subjects Studied (please mention foreign languages or other languages also)			

*Please register my ward named above in your school. I shall produce the original documents at the time of admission.***Signature of Parent / Guardian****UNDERTAKING**

I, _____ father/mother/guardian of _____ hereby declare that information given above by me is based on facts and authentic records. I fully understand that the school, on accepting the registration form of my ward is not bound to grant admission and I also agree that the decision of the school authority regarding admission will be final and binding on me. Admission of my child may be cancelled if any information is found to be false.

Signature of Parent / Guardian