Registration No. _____

Excellence has No Limits

SACHDEVA GLOBAL SCHOOL

Sector-18A, Phase-II, Dwarka, New Delhi-110078
Tel.: 011-45694307, 45694308 | Email : info@sachdevaglobal.in
Website : www.sachdevaglobal.in

Passport size photograph of Child

REGISTRATION FORM : 2026 - 2027

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

Age as on 31st March 2026

Days	Months	Years

Place of Birth _____ Nationality _____

Gender : Male ☐ Female ☐ Other ☐ Mother Tongue _____

AADHAAR No. of the child _____

PEN (Permanent Education Number) _____ APAAR ID _____

PARENTS' DETAILS

	FATHER	MOTHER	GUARDIAN
Photographs	Passport size photograph of Father	Passport size photograph of Mother	Passport size photograph of Guardian, if applicable
Name			
Educational Qualification			
Profession/Occupation			
Name of the Organization			
Designation			
Office Address			
Telephone Office			
Telephone Residence			
Mobile Number			
Email			
Aadhaar Number			
Voter ID Number			

For Office Use Only

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Sector-18A, Phase-II, Dwarka, New Delhi-110078

Registration No. _____

For Class _____

ACKNOWLEDGEMENT SLIP

Name of the Candidate _____

Parent/Guardian Name _____

Date _____

_____
Signature of Receiving Assistant

Address

Present Address (Attach Proof)	Permanent Address
Pin Code	Pin Code

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

☐ General ☐ OBC ☐ SC ☐ ST

Minority Community (If yes, specify) _____

Religion _____

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 ☐ Sibling ☐

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

INSTRUCTIONS

1. The school reserves the right to cancel the admission of the student if it is found that the declaration / certificate submitted at the time of admission are found to be false / incorrect.
2. If at any stage after admission, it comes to our notice that any information concerning the admission of the child has been withheld by the parents, or that incorrect information has been given, the admission will be cancelled and the name struck off from the rolls.