



# The Elisabeth Gauba School

Sector II, DIZ Area, Kali Bari Marg, New Delhi – 110001

Phone No. 011-23367633, 011- 23746659

(Recognised by NDMC Vide Letter No/D-36/Director/Education/2012)

## Registration Form

20..... - 20.....

AFFIX  
PASSPORT  
SIZE PHOTO  
OF  
THE CHILD

Form No:

Admission no. .:

(To be filled in by office)

Registration for Class: \_\_\_\_\_

1. Name of the student (In Block Letters): \_\_\_\_\_

2. Date of Birth:      Date                      Month                      Year  
                                                                            

In Words: \_\_\_\_\_

Age as on 31<sup>st</sup> March of the session in which child has to take admission:

\_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

3. Sex: Male  /Female  (Tick whichever is applicable)

4. Nationality: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

5. Category:    General        OBC        SC        ST   

(In case of OBC / SC / ST, please enclose a self attested copy of certificate)

6. Aadhar Card No. of the Child: \_\_\_\_\_

7. Details of Parents:

a) Father`s Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Is the job transferable?    Yes  / No     (Tick whichever is applicable)

**Designation:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

\_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Residence Telephone No.:** \_\_\_\_\_

**Office Telephone No.:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_

**Email Id:** \_\_\_\_\_

b) **Mother's Name:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Is the job transferable? Yes**  **/ No**  **(Tick whichever is applicable )**

**Designation:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

\_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Residence Telephone No.:** \_\_\_\_\_

**Office Telephone No.:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_

**Email Id:** \_\_\_\_\_

c) **Guardian's Name:** \_\_\_\_\_

**Relation with the child:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Is the job transferable? Yes**  **/ No**  **(Tick whichever is applicable)**

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Residence Telephone no.: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email Id: \_\_\_\_\_

d) Are you a Single Parent? Yes  / No  (Tick whichever applicable)

8. Does the child has some special needs? Yes  / No

If yes, give details (Also attach Medical Certificate) \_\_\_\_\_

\_\_\_\_\_

9. a) Is any sibling of the student studying in this school? Please reply only with reference to real sister or brother (Not Cousins) Yes  / No  (Tick whichever applicable )

b) If Yes, provide the following details of the sibling:

Name: \_\_\_\_\_

Class & Section: \_\_\_\_\_

10. Name and address of last school attended (if applicable) \_\_\_\_\_

\_\_\_\_\_

11. Is either of the parent an Alumni of the school ? Yes  / No  (tick whichever applicable)

12. Is the school transportation required? Yes  / No  (tick whichever applicable) \*

**13. Medical history of the child:**

a) Blood Group: \_\_\_\_\_

b) General Health: \_\_\_\_\_

c) Any previous record of illness / disease: Yes  / No  (tick whichever applicable)

( If yes, kindly attach a medical certificate )

d) Is the child on some specific medication? Yes  / No  (tick whichever applicable)

( If yes, kindly attach a medical certificate )

e) Does the child has allergy to any food or medication? Yes  / No  (tick whichever applicable)

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

**14. Self-attested Photocopy of the following documents to be enclosed along with this registration form:**

a) Birth Certificate of the Child

b) Residence proof (Aadhar Card/ Voter ID/ Polling Card) of either parent)

c) Aadhar Card of the Child

d) Certified copy of school report card of the last academic year (if applicable)

**UNDERTAKING**

I \_\_\_\_\_ father / mother / guardian of \_\_\_\_\_

hereby declare that the information given above by me is correct. Admission of my child maybe cancelled if any information is found to be false.

Signature of Parent: \_\_\_\_\_

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

\*Limited school transport facility available.