

New Angel Public School

Patiala Road, Zirakpur, Distt Mohali Punjab Pincode-140603

Affiliated to CISCE , New Delhi , School Code - PU049 Email : naps.zkp@gmail.com Website : www.newangelschool.co.in

REGISTRATION FORM

Date	Registration No					
Name of the Child (in Block L	etters)					
Session		ass in which Admiss	ion Sought			
			lon sought			
Date of Birth (in		figures) D				
Sex(Please put a tick) Male Female Nationality of the Child						
SC ST OBC			Religion			
Student's Aadhar no.] L			
a) Previous Schooling						
Name & Place of school	Class studied	Perio		Medium of instruction		
		From	TO			
	FATH	IER		MOTHER		
Name						
Ouglification						
Qualification						
Occupation						
Occupation Designation						
Occupation						
Occupation Designation						
Occupation Designation Name of Organisation						
Occupation Designation Name of Organisation Office/Business Address						

b)	Parents Detail :-					
b) Plea) Please tick if applicable NAPS Alumini Staff Ward Real Sibling					
Det	ails of any brother or sister (n	ot cousins) studying i	n New Angel Public School:			
	Name of the Chil		Cl			
	Name of the Child		Class			
Madic	al History(if any)					
ivicalc	ai mistory(ii airy)					
ls sc	hool transport is required	Yes	No			
INSTRU	<u>JCTIONS</u>					
Please	submit the following along wi	th the form :-				
•	2 passport size photographs A photocopy of the birth Cer A photocopy of the latest pro Aadhar Card photocopy School Transfer Certificate	tificate issued by the	Municipal Corporation/Civic Authorities			
CERTIF	ICATE FOR PARENTS					
I fully u	understand that the school on	accepting the registra	o the best of my knowledge & nothing has been concealed. ation form of my ward is not in any way obliged to grant egarding admission will be final and binding on me.			
Date						
		Signature of Mother	Signature of Father			
For off	ice use only:					
1.	Admission granted by the Principal					
2.	Noted by the Class Teacher					
3.	Fee clerk to file					