

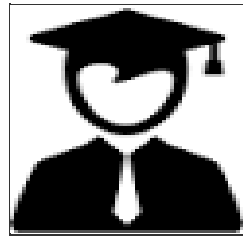


# THE ADARSH MODEL SCHOOL

Dayal Sar Road, Block K, Param Puri, Uttam Nagar, New Delhi-110059

Mob.: 8860321131

Email: theadarshmodelschool@gmail.com



## Registration Form

Registration No. \_\_\_\_\_ Date of \_\_\_\_\_ 08-Jun-2025 \_\_\_\_\_ Registration Fee Paid \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_

desire to have our son / daughter / ward whose particular are given below admitted as a day scholar in your school. \_\_\_\_\_

## Information Of Child

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Email \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Aadhar No. \_\_\_\_\_

Religion \_\_\_\_\_ Cast \_\_\_\_\_ Class Section \_\_\_\_\_

Student Family ID \_\_\_\_\_ SRN No. \_\_\_\_\_

## Information Of Parents

Father's Name \_\_\_\_\_ Qualification \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Qualification \_\_\_\_\_ Occupation \_\_\_\_\_

✂ \_\_\_\_\_

## Acknowledgement

Received the registration form and other supporting documents form \_\_\_\_\_ in respect of master/miss \_\_\_\_\_  
for Registration to class \_\_\_\_\_ of the school for the academic session \_\_\_\_\_

Registration Form No. \_\_\_\_\_ (Signature)

Received on \_\_\_\_\_ on Time \_\_\_\_\_ Date 08-Jun-2025 \_\_\_\_\_ Authorise Signatory