**EVERGREEN SR. SEC. SCHOOL**

**An Institution of Jyotirmay Bal Shiksha Samiti (Regd.)**

**Vasundhara Enclave, Delhi-110096**

**Tel.: 011-22621346, 22622308,**

**E-mail: evergreenschoolvasundhara@gmail.com, Web.: www.epsdelhi.com**

**APPLICATION FORM [GENERAL CATEGORY]**

**20 \_ \_ \_ - 20 \_ \_ \_**

**REGISTRATION NO.:** …………… **Admission No.: .………..**

**Kindly fill the following information completely and accurately using capital letters.**

Affix Passport Size Photograph of the Child

Affix Passport Size Photograph of the Father

Affix Passport Size Photograph of the Mother

AGE AS ON MARCH 31, 20…... Year Month **Pre. School 3+ Pre.Primary 4+**

**(A) DETAILS OF STUDENT**

**Name of the Child**:…………………………………………………..................................................

 **[First Name] [Middle Name] [Surname]**

**Date of Birth** : **[DAY] [MONTH]**  **[YEAR]**

**Gender** : **Boy** **Girl** **Nationality:** ……………… **Religion:** …….................

**Category** : **GEN.** **SC** **ST** **OBC** (Please attach relevant documents)

**Residential Address:** ………………………………………………………………………………..

………………………………………………………………………………………………………..

**School Transportation Required:** **Yes No**

**Approximate Distance from School :** Km.

**Is the child attending any play school/ other school : Yes No**

**If yes, name and address of the school:** …………………………………………………………..

**(B) PARENT PROFILE**:

|  |  |
| --- | --- |
| **Father’s Name** : …………………….……………..**Edu. Qualification** : …………………………….……..**Specialization if any** : …………………………….……..**Job Profile** : …………………………….……..**Profession/ Designation:** ……………………………….…**Organisation**  : …………………………….……..**Address :** …………………………….……………………..………………………………………………………………**E-mail** : …………………………….……..**Mobile**  : …………………………….……..**Phone (Res.)**  : ……………**(Off.)** ……………… :……....……………………….…... | **Mother’s Name** : …………………….……………..**Edu. Qualification** : …………………………….……..**Specialization if any** : …………………………….……..**Job Profile** : …………………………….……..**Profession/ Designation:** ……………………………….….**Organisation**  : …………………………….……..**Address :** …………………………….……………………..……………………………………………………………….**E-mail** : …………………………….……..**Mobile**  : …………………………….……..**Phone (Res.)**  : ……………**(Off.)** ……………… :……....……………………….…... |

**(C) Is your ward undergoing treatment for any long term medical condition ?**

Yes No

If Yes, specify giving details of treatment, (if any) ………………………………………………….

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

**(D) Does your child have any special needs ? Yes No**

 **If yes, give details :** ……………………………………………………………………………

**(E) Tick the category(s) as applicable with documentary evidence as given below:**

1. Neighbourhood (2) Sibling
2. School alumni (4) Girl child
3. Transferable job (Transfer letter) (6) Single or first born child

**Note**: **Relevant documents to be attached in case admission is being sought under above categories.**

1. **Photocopy of Birth Certificate duly self attested.**
2. **Residence proof** *(copy of voters identity card / copy of passport)*
3. **Proof of sibling – latest fee slips.**
4. **Proof of alumni – Copy of the Class X/ XII Pass Certificate.**
5. **Proof of Transfer between 1st January 2015 to 31st December 2015.**
6. **Self Declaration stating single/ first born child.**

**Please Note:**

1. This is merely a registration form and does not in any way guarantee the admission of your ward in the school.
2. Original documents required for verification at the time of admission.
3. Multiple submissions of forms for the same child will amount to disqualification of application.
4. Incomplete or incorrect application is liable to be rejected.

**UNDERTAKINGS**:

**I/ We hereby certify that the above information provided by me/ us is correct and I/we understand that if the information is found to be incorrect or false, my ward shall automatically be debarred from the selection/ admission process without any correspondence in this regard. I also understand that incomplete forms will be summarily rejected. I/we also appreciate that the application/registration/short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and i/we will abide by the decision taken by the school authorities.**

Name of Father…………………………………….. Name of Mother ……………………………………. Signature……………….…………………………… Signature…………………………………………….

Date: …………

***FOR OFFICE USE ONLY***

Final Decision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_