



STUDENT PEN \_\_\_\_\_

# OJAS PUBLIC SCHOOL

(Recognised)

A-7, Sector-17, Rohini, Delhi-110089

Ph.: 9310181544, 9310281544 E-mail: ojasschool@gmail.com

## ADMISSION FORM

Please affix  
Latest  
Photograph  
(Child)

Please affix  
Latest  
Photograph  
(Mother)

Please affix  
Latest  
Photograph  
(Father)

Please affix  
Latest  
Photograph  
(Guardian)

1. Name of the child (IN BLOCK LETTERS) \_\_\_\_\_

2. Date of Birth DD   MM   YYYY    

(In words) \_\_\_\_\_

3. Age as on 31.03 \_\_\_\_\_ Years  Months  Days 4. Gender Boy  Girl 

5. Class for which admission sought \_\_\_\_\_

6. Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Mother Tongue \_\_\_\_\_

7. Category (SC / ST / OBC / OR / PH / Others) 

8. Residential Address \_\_\_\_\_

9. Last School Attended \_\_\_\_\_

10. Father's Details :

(a) Name (IN BLOCK LETTERS) \_\_\_\_\_

(b) Educational Qualification \_\_\_\_\_

(c) Profession \_\_\_\_\_

(d) Designation (if applicable) \_\_\_\_\_

(e) Office address \_\_\_\_\_

(f) Tel No. (Office) \_\_\_\_\_ Email \_\_\_\_\_

(g) Tel No. (Residence) \_\_\_\_\_ Mobile \_\_\_\_\_

(h) Income (per annum) \_\_\_\_\_



11. Mother's Details :

- (a) Name (IN BLOCK LETTERS) \_\_\_\_\_
- (b) Educational Qualification \_\_\_\_\_
- (c) Profession \_\_\_\_\_
- (d) Designation (if applicable) \_\_\_\_\_
- (e) Office address \_\_\_\_\_
- (f) Tel No. (Office) \_\_\_\_\_ Email \_\_\_\_\_
- (g) Tel No. (Residence) \_\_\_\_\_ Mobile \_\_\_\_\_
- (h) Income (per annum) \_\_\_\_\_

12. Guardian's Details :

- (a) Name (IN BLOCK LETTERS) \_\_\_\_\_
- (b) Educational Qualification \_\_\_\_\_
- (c) Profession \_\_\_\_\_
- (d) Designation (if applicable) \_\_\_\_\_
- (e) Office address \_\_\_\_\_
- (f) Tel No. (Office) \_\_\_\_\_ Email \_\_\_\_\_
- (g) Tel No. (Residence) \_\_\_\_\_ Mobile \_\_\_\_\_
- (h) Income (per annum) \_\_\_\_\_

13. Single Parent (tick if applicable)

Yes / No

14. Sibling in Ojas Public School, (Real brother/sister only)

| Name | Class & Section |
|------|-----------------|
|      |                 |
|      |                 |

15. Medical information :

Is the child suffering from any serious / chronic disease / disability

Yes / No



## UNDERTAKING FROM PARENTS

We hereby certify that the above information provided by us is correct. We accept the process of admission undertaken by the school. We abide by the rules and regulations of the School.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Guardian

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

---

### Documents Enclosed

(a) Date of Birth Certificate

(b) Adhar Card of Child

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(c) Adhar Card of Parents

|   |   |
|---|---|
| M | F |
|---|---|

(d) Income Certificate

(e) Caste Certificate

(f) Residential Proof

(g) S.L.C. / T.C.

(h) Others

---

### FOR OFFICE USE ONLY

Registration No. \_\_\_\_\_

Admission No. \_\_\_\_\_

Admitted in Class \_\_\_\_\_

Ad. Receipt No. \_\_\_\_\_

Admission Incharge

Cashier

Principal