



GURU NANAK GARIB NIWAJ EDUCATION SCHOOL

Managed by Guru Nanak Garib Niwaj Society (Regd.)

An Institute for underprivileged Children from all communities

DELHI / NEW DELHI

E-mail : team@garibniwaj.in

Website : garibniwaj.in

FORM No.

Regn. No.....

Admn. No.

Date : _____

ADMISSION FORM

Session 2026-27

Class.....

Male _____

Female _____

Please paste
Passport Size
Photograph
of Child

PERSONAL DETAILS OF CHILD

(*PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY)

- Name of the Child: _____
- Residential Address: _____
Pin Code _____
- Date of Birth (DD/MM/YY) ____/____/____ Age as on 31.03.2020 ____ Years ____ Months ____ Days
(In Words) _____ Place of Birth _____
- Nationality _____, 5. Religion _____, 6. Mother Tongue _____
- Category: SC _____ ST _____ OBC _____ General _____ 8. Minority (Specify): _____
- Aadhaar Card No. _____ 10. Birth Order: 1st Born _____ 2nd Born _____ 3rd Born _____
- Only Girl Child (Yes/No) _____
- Details of Siblings presently studying in the School (Please Attach Proof)
 - Name _____ Class/ Sec _____ Admn. No. _____
 - Name _____ Class/ Sec _____ Admn. No. _____

PARENTS DETAILS

FATHER

MOTHER

Name		
Educational Qualification		
Occupation/Designation		
Annual Income		
Office Address		
E-Mail ID		
Alumni (Yes / No) in which Year	- NA -	- NA -
Tel. No.	(RES.)..... Off..... Mob.....	(RES.)..... Off..... Mob.....

13. Detail of Guardian: Name _____ Relation with Child _____ Contact No. _____

Admission No. _____ **ADMISSION SLIP (For Office use only)**

- Name of the Child _____ S/D of _____ Class/Sec. _____
- Residential Address : _____
Mob.: _____
- Date of Birth: ____/____/____ Date of Joining: ____/____/____
- Bus Stop, if School Bus is used: _____ School Bus Route No.: _____

Principal/VP/HM

Office Superintendent

Admission Incharge

14. Medical History : Blood Group : _____ Any known Medical Ailment : _____

Name of Consulting Doctor: _____ Contact No. _____

Address: _____

15. Previous School (if any) : _____

Class upto which studied: _____

16. Class to which admission is sought : _____ 17. Whether school conveyance is required: YES/NO _____

18. If YES, Mention Bus Stop: _____

Residence Locality Code:

Code O-(0-3 Km.) – Code A (Above 3 Kms upto 5 Kms)- Code B (Above 5 Kms upto 8 Kms)

Code C- (Above 8 Kms upto 10 Kms) Code D (Above 10 Kms)

PASTE FAMILY PHOTOGRAPH
(Mini Wallet Size- 2.5 X 1.75")
(Child with Father and Mother Only)

GUARDIAN PHOTOGRAPH WITH CHILD
(Mini Wallet Size- 2.5 X 1.75")

DECLARATION/UNDERTAKING BY PARENT

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, the ward shall be automatically debarred from selection/ admission process without any correspondence in this regard. I / We also understand 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 the decision taken by school authorities.

SIGNATURE:

_____ **FATHER**

_____ **MOTHER**

_____ **GUARDIAN**

FOR USE BY THE SCHOOL OFFICE

Admitted to Class _____ Sec. _____ Adm. No. _____ Date of Joining ____/____/____

Bank Receipt No. _____ Date ____/____/____ Amounts Rs. _____

ADMISSION CLERK

ACCTT.

OFFICE SUPDT.

PRINCIPAL

DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION

1. Date of Birth Certificate of the Child from MCD/NDMC/ Corporation of the Other State
2. Aadhar Card
3. Medical Certificate of the child (For Children with Special Needs)
4. Residential Proof
5. Alumni proof
6. Two Passport Size Photographs of the Child
7. Single Parent – Order of Separation/ Death Certificate of Spouse
8. Immunization Record Card