



# RUKMINI DEVI

**PUBLIC SCHOOL, ROHINI**

B-5, Sector-IV, Rohini

Tel.No. : 011-48018033, 44127165

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Website : www.rdpsrohini.com

**Registration Form**  
**For Class Pre-Primary to VII**  
**(For General Category)**  
**Session 2024-25**

Stamp size  
Photograph of  
Child

Registration No.:.....

Date:.....

<b>1</b>	Name of the student (in block letters) :	<input style="width: 100%;" type="text"/>			
<b>2</b>	* Date of Birth (Age as on 31st March, 2024)	MM	DD	YY	Age
		<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
	In Words	<input style="width: 100%;" type="text"/>			
<b>3</b>	Gender :	Male	<input style="width: 40px;" type="text"/>	Female	<input style="width: 40px;" type="text"/>
<b>4</b>	Class for which admission is sought :	<input style="width: 100%;" type="text"/>			
<b>5</b>	Aadhar Card Number :	<input style="width: 100%;" type="text"/>			
<b>6</b>	Name (In Block Letters) :	Father		Mother	
	Office Address, if any :	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	Residential Address :	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	Aadhar Card No. :	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	Email Id :	<input style="width: 100%;" type="text"/>			
	Tel. No. (Res.) :	Res:	Office:	Mobile:	
	Nationality :	<input style="width: 100%;" type="text"/>			
	Mother Tongue :	<input style="width: 100%;" type="text"/>			
<b>7</b>	Is the School transportation required :	Yes	<input style="width: 40px;" type="text"/>	No	<input style="width: 40px;" type="text"/>
<b>8</b>	Sibling (Real brother / sister only) (Tick the appropriate) If sibling in the same school give details of sibling	Yes	<input style="width: 40px;" type="text"/>	No	<input style="width: 40px;" type="text"/>
	Sibling Name / Class & Sec:	<input style="width: 100%;" type="text"/>			

<b>9</b>	Whether any of the parent is alumni of the school, if yes, provide details	Name : .....Class/Sec.....
<b>10</b>	Please register my son/daughter/ward named above in your school. I shall produce the requisite documents at the time of admission.	
<b>Signature</b>		
<b><u>Undertaking</u></b>		
I ..... Father/Mother of ..... hereby declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false.		
<b>Signature</b>		

**Information**

1. Academic session starts from 1<sup>st</sup> April of the ensuing year.
2. Birth certificate from the Municipal Corporation is to be submitted at the time of admission.
3. All fee/charges are payable in advance on quarterly basis.
4. Fee once paid will not be refunded.
5. Regarding availability of transport, please contact school office.
6. The form will not be accepted without child's photograph.
7. The form must be legibly filled up, preferably, in capital letters.
8. Form with over writing will not be accepted.
9. For any further queries, the school office may be contacted.
10. Self attested photocopy of Birth Certificate and Residence proof is to be submitted at the time of registration.

Note : (1) Date of Birth Certificate from the MCD / NDMC must be attached , no changes will be allowed after-wards .

(2) Information furnished on the registration on the registration /admission form shall be treated as final and no changes, whatsoever, shall be allowed thereafter.

**For Office Use Only**

This is to certify that \_\_\_\_\_ S/D/o \_\_\_\_\_ is given admission in

Class \_\_\_\_\_ (Session 2023-24). Following documents are submitted:

- Birth certificate
- Aadhaar Card
- Parent's Aadhaar card
- Address Proof
- Information uploaded at e-shala portal

Admission Incharge

Headmistress