

K-1, Ext., Mohan Garden,
New Delhi - 110059
Ph.: 9266635322-25



**KAMAL MODEL
SR. SEC. SCHOOL**
(Recognised & Affiliated to CBSE)

REGISTRATION CUM ADMISSION FORM

Stamp size
photograph
of the child

Registration number/admission number

Registration in class

Full name of the student

Mother's name

Father's Name

Gender

Category (Gen/SC/ST/OBC)

Date of birth (In figures)

Date of birth (In words)

Full residential address

Last school attended

Residence telephone/mobile no.

Any brother/sister in this school
If yes, name and class

Stamp size
photograph
of father

Stamp size
photograph
of mother

About Parents

Educational Qualification

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Name of the Organisation

--	--

Designation

--	--

Office Address

--	--

Office Tel. No.

--	--

Mobile No.

--	--

Monthly Income

--	--

Signature of the Parents/Guardian _____

REMARKS

Date _____ Signature of the Principal _____

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