

KAMAL MODEL SR. SEC. SCHOOL

(Recognised and Affiliated to CBSE)



K-1 Extension, Mohan Garden,
New Delhi-110059
Phone: (+91) 8929 000 851 / 854

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.

ABOUT PARENTS

Stamp size
Photograph of
mother.

EDUCATIONAL QUALIFICATION

NAME OF THE ORGANISATION

DESIGNATION

OFFICE ADDRESS

OFFICE TELEPHONE NO.

MOBILE NO.

MONTHLY INCOME

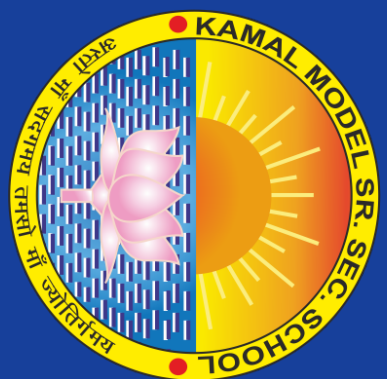
SIGNATURE OF PARENTS/ GUARDIAN _____

REMARKS

DATE _____

SIGNATURE OF PRINCIPAL _____

(Recognised and Affiliated to CBSE)



K-1 Extension, Mohan Garden,
New Delhi-110059
Phone: (+91) 8929 000 851 / 854