



EMM AAR INTERNATIONAL SCHOOL

Affiliated to C.B.S.E., Delhi
ADAMPUR (Pb)

REGISTRATION FORM

S. No. _____

Dated _____

Please register the name of my ward for admission in your school in class _____
Group (_____)

1. FULL NAME OF THE CHILD (In Block Letters) _____

2. DATE OF BIRTH _____ (Self attested copy of proof)

3. AADHAAR CARD NUMBER _____ (Self attested copy of proof)

4. NAME OF PREVIOUS SCHOOL & CLASS (if any) _____

5. FATHER'S NAME _____

OCCUPATION _____ QUALIFICATION _____ ANNUAL INCOME _____

6. MOTHER'S NAME _____

OCCUPATION _____ QUALIFICATION _____ ANNUAL INCOME _____

7. CORRESPONDENCE ADDRESS _____

_____ LANDLINE NO _____ MOB NO _____

PERMANENT ADDRESS: _____

_____ LANDLINE NO _____ MOB NO _____

E-MAIL ID _____

8. PARTICULARS OF BROTHER / SISTER OF THE CHILD STUDYING IN THIS SCHOOL

NAME _____ CLASS _____

9. SPECIAL INTERESTS / HOBBIES / GAMES _____ (Music/Skating/Yoga/NCC/Swimming)

10. CASTE CATEGORY (GENERAL / SC / ST / OBC) _____ Other _____

11. RELIGION (HINDU / MUSLIM / SIKH / CHRISTIAN) _____ Other _____

12. PLEASE TICK IF YOU NEED BUS / BUGGI SERVICES _____ Station _____

Name & Signature of the Parent / Guardian

13. Write full Name, Contact Number & relationship with the child (if Guardian) _____

FOR OFFICE USE ONLY

Result of the Entrance Test _____ Pass/ Fail

Remarks _____

Principal