LOVELY PUBLIC SR. SEC. SCHOOL

NEW LAYAL PUR, EAST DELHI-110051

| Registration Form | F | Reg No | | | | | | | |
|---|---|--|--|----------|---------------------------------------|------------------|------------------------------|--|--|
| (PLEASE USE CAPITAL LETTERS | Date of Submission | | | | | | | | |
| MARK YOUR CHOICES WITH TICK INCOMPLETE FORM WILL NOT | | | | | | | | | |
| BE ACCEPTED.) | | | | - 1 | .LASS | | | | |
| | | | | | | Authorise | ed Signatory | | |
| PERSONAL DATA OF STUDE | NT | | | | | | | | |
| FULL NAME OF THE STUDENT | | | | | | | | | |
| (As it should appear in Official | School Certi | ficate) | | | | | | | |
| Date of Birth | | | | | | RECENT P | ASSPORT- | | |
| (As per the birth certificate iss | SIZE PHOTOGRAPH OF | | | | | | | | |
| In Words THE STUDENT TO BE | | | | | | | | | |
| Age as on 31st March 2025 | Year | Months | Day | 'S | •••••• | PASTE | D HERE | | |
| Nationality | Religion | N | /lotherTongu | e | | Category | | | |
| | | | | | | (SC/ST/OB | • • | | |
| Previous SchoolLast Academic Result | | | | | | | | | |
| Residential / Correspondence | Address | | | | | | | | |
| | ••••• | ••••• | ••••• | ••••• | ••••• | | | | |
| Telephone No./Mobile No | | | | | | | | | |
| PermanentAddress | | I | | | | | | | |
| reillanentAddress | | | ••••• | ••••••• | | | | | |
| | | | | | | | | | |
| Approximate Distance of resid | lence from th | e School 0-3 | 3 KM | 3-6 KM | | More than 6 | км 🗆 | | |
| Approximate Distance of residual SIBLINGS INFORMATION (not | | e School 0-3 | 3 KM S | 3-6 KM | | More than 6 | БКМ | | |
| SIBLINGS INFORMATION (not Name of Brothers / | | e School 0-3 | Name of | | ool | If in L.P.S | Admission | | |
| SIBLINGS INFORMATION (not | cousins) | | | | ool | If in L.P.S | | | |
| SIBLINGS INFORMATION (not Name of Brothers / | cousins) | | | | ool | If in L.P.S | Admission | | |
| SIBLINGS INFORMATION (not Name of Brothers / | cousins) | | | | ool | If in L.P.S | Admission | | |
| SIBLINGS INFORMATION (not Name of Brothers / | cousins) | | | | ool | If in L.P.S | Admission | | |
| SIBLINGS INFORMATION (not Name of Brothers / | cousins) | | | | ool | If in L.P.S | Admission | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall | Age y or mentally | Class | | | | If in L.P.S | Admission | | |
| Name of Brothers / Sisters HEALTH | Age y or mentally | Class challenged? | | | | If in L.P.S | Admission lo. | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have | Age y or mentally upporting do any special m | Class challenged? cuments. nedical needs | Name of | | Y | If in L.P.S N | Admission lo. | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s | Age y or mentally upporting do any special m | Class challenged? cuments. nedical needs | Name of | | Y | If in L.P.S N | Admission lo. | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni | Age y or mentally upporting do any special m | Class challenged? cuments. nedical needs | Name of | | Y | es | Admission lo. | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni Father | Age y or mentally upporting do any special m | Class challenged? cuments. nedical needs | Name of | | Y | es | Admission lo. No No | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni | Age y or mentally upporting do any special m | Class challenged? cuments. nedical needs | Name of | | Y | es | Admission lo. | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni Father | y or mentally upporting do any special mails with Med | Class challenged? cuments. nedical needs | Name of | | Y | es | Admission lo. No No | | |
| HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni Father Mother | y or mentally upporting do any special mails with Med | Class challenged? cuments. nedical needs dical Docume | Name of | the Sch | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | es | Admission lo. No No No | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni Father Mother Received the registration form | y or mentally upporting do any special mails with Med | Class challenged? cuments. nedical needs dical Docume | Name of the state | the Sch | Y | es | Admission lo. No No No | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni Father Mother Received the registration form In respect of Master/Miss | y or mentally upporting do any special mails with Medand other su | Class challenged? cuments. nedical needs dical Docume | Page Name of the N | the Sch | Y Y Y O | es | Admission lo. No No No | | |
| SIBLINGS INFORMATION (not Name of Brothers / Sisters HEALTH (a) Is your child physicall If yes, please attach s (b) Does your child have If yes, please give det (c) School Alumni Father Mother Received the registration form | y or mentally upporting do any special mails with Medand and other su | Class challenged? cuments. nedical needs dical Docume | Name of the acate | the Scho | Y Y Y O | es | Admission lo. No No No | | |

PARENT'S INFORMATION

Please affix recent passport photograph of Mother, Father and Child (Family Photograph)

| Father's Nan | ne | Mother's Name | | | | | | |
|--|---|----------------------|-------------------|----------------|--|--|--|--|
| Father's Qua | lification: | | Mother's | s Qualificatio | on | | | |
| Profession (I | n Detail): | | . Profession | (In Detail): . | | | | |
| Father's Ann | ual Income | | Mother's | s Annual Inco | ome | | | |
| Are you sing | le parent | Yes | | No | | | | |
| Relation to t | he child | Parents | | Guardian | | | | |
| SCHOOL TR | RANSPORT | | | | | | | |
| • | I transport required? | Yes | | No | | | | |
| | TE REQUIRED at the ich the application of a | | | | | | | |
| c. Proof c d. SDM's Certific e. Transfe f. Alumni g. Aadhaa | al Certificate (for childro of Residence Certificate (for schedul cate) er Certificate for class II i Proof ar Card | ed castes/ Sched | , uled Tribes/ | | vard community and Income | | | |
| compulsory | • | s to the top han | <u>a comer o</u> | і іне аррііс | ition. An documents are | | | |
| information f | lare that I am a bonafid | ect. I will abide by | the school r | rules and a pi | the best of my knowledge, rocedure in all respects. | | | |
| Date: | | | | | | | | |
| Signa | ture of Father | Signatur | e of Moth | er | Guardian's Signature | | | |
| Note: | | | | | | | | |

1. Filling of this form doesn't establish any claim for admission of the child.

SCHOOL WEBSITE OR CODE

2. Kindly produce this registration slip at the time of registration.