## J.D.TYTLER SCHOOL, MUNIRKA PRE SCHOOL (LOWER NURSERY) TO X 2025-2026



## **REGISTRATION FORM**

Reg. No To be filled by office)					
1.	Name of the child (As per Aadhar):				
	Class to which Admission is sought:				
3.	Date of Birth (In figure):				
4.	Age as on 31st March, 20: Year Month Days				
5.	Gender:Nationality of Child:				
	Blood Group: Social Category (Gen/SC/ST/ OBC):				
6.	(a) Name of the school last attended with Address:(b) Is Transfer Certificate Available? :				
7.	. Father's Name (As per Aadhar)				
8.	Academic Qualification :Occupation:				
9.	Official Address :				
10.	. Mobile No				
11. Mother's Name (As per Aadhar):					
12	. Academic Qualification : Occupation:				
13. Official Address :					
	14. Mobile No				
	15. Residential Address:				

16. De	etails of any Sibling (Real Brothe	r or Sister) Studying in J.D.T	Tytler School:
a.	Name	Class	
b.	Name	Class	
17. Ar	e you a Staff Member/ Alumni:	Yes/ No	
		<b>Documents Require</b>	ed .
b. c. d. e. f. g. h. i.	Certified that the Date of Birth photocopy of Municipal Birth c with attested copy of Ration Ca I agree to abide by the rules an I understand that the informati would automatically lead to car	x) only.  vious School)  n by the Parents/GI as given above is correct to ertificate/ Transfer Certificated or any other Documental dregulations of the school. ion given above if found inconcellation of admission.	the best of my knowledge, attested ate of a recognised school is attached
Da	te:		(Signature of Parent/Guardian)
TO BE FIL	LED BY THE PRINCIPAL		
NAME:			
Std			
Special Re	emarks:		
Signature o	f Principal		
Date			Place
	J.D.TYTLER SCH	N BY THE J.D.TYTLER SCHOOL DOOL, F-BLOCK,DDA FLATS, N PHONE NO- 011-26198148,	

E-Mail ID- <u>jdtsmunirka@gmail.com</u>, Website: www.jdtsmunirka.com