



AACHARAN KIDS CASTLE

C-10, PREET VIHAR, NEW DELHI -110092

CONTACT NO :- 011-65578148

EMAIL ID :- aacharankidscastle@yahoo.co.in

WEBSITE :-<http://www.aacharankidscastle.in>

FOR OFFICE USE ONLY

Registration No: _____

Date of Registration : _____

Remarks : _____

REGISTRATION FORM

NAME OF THE CHILD

CLASS IN WHICH ADMISSION IS SOUGHT

DATE OF BIRTH

ADDRESS

PARENTS' DETAILS

Father's Name:

Educational Qualification :

Profession :

Designation :

Name of Organisation :

Total Monthly Income :

Address :

CONTACT NUMBER : MOBILE

OFFICE

Mother's Name :

Educational Qualification :

Profession :

Designation :

Name of Organisation :

Total Monthly Income :

Address :

CONTACT NUMBER : MOBILE

OFFICE :

RESIDENCE

OTHER DETAILS

Nationality :

Religion :

Category : SC/ST/OC/GEN

DETAILS OF SIBLINGS STUDYING AT UNIVERSAL PUBLIC SCHOOL

1. Name Class Sec

2. Name Class Sec

Additional Information :

Would you like to avail the day care/ crèche facility available at the school? Yes No

I hereby certify that the information given by me is complete and accurate. I understand and agree that the misrepresentation or omission of facts will justify the cancellation of admission .

Parent's Signature

Kindly paste passport sized photographs here:

Photo of the child

Photo of Mother

Photo of Father