

Regn.No. _____ Date of Receiving _____ Serial No. _____ Rs. 25/-

CRPF PUBLIC SCHOOL
Sector- XIV, Rohini, Delhi-110085
e.mail:crpfschoolrohini@gmail.com **Website:**www.crpfpsrohini.org
Telephone No. 011-27562305, 011-47517653, 011-47548445

REGISTRATION FORM for UKG (NON-CRPF) FOR THE SESSION 2025-26
(To be filled in Block Letters)

Recent Passport Size Photograph of Father (Self Attested)

Recent Passport Size Photograph of Mother (Self Attested)

Recent Passport Size Photograph of the child

1. Name of the Child _____

(Aadhar No. of child, attach Photocopy) _____)

2. Date of Birth

Date	Month	Year								
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(In words) _____

Age as on 31/3/2025: _____ (Year) _____ (Months) _____ (Days)

3. Gender :

 (Tick whichever is applicable)

4. Residential Address : Area Code

 In Kms.

(Area Code/Details displayed at School Notice Board/Website)

5. **Details of Father :**

Details of Mother :

a) Name _____

Name _____

b) Age _____

Age _____

- c) Nationality _____ Nationality _____
- d) Mother tongue _____ Mother tongue _____
- e) *Occupation/Designation : _____ *Occupation/Designation: _____
- f) Office Address : _____ Office Address : _____
- g) Telephone No. (Office) _____ Telephone No. Office) _____
- h) Mobile Number _____ Mobile Number _____
- i) e.mail ID _____ e.mail ID _____
- j) SC/ST/OBC/General _____ SC/ST/OBC/General _____
(Write whichever is applicable)* (Write whichever is applicable)*
- k) Whether Muslim/Sikh/Jain/ Buddhist _____ Whether Muslim/Sikh/Jain/Buddhist
Christian/Hindu/others* _____ Christian/Hindu/others _____
(Required only for the purpose of furnishing Data to Directorate of Education)
The aforesaid information does not affect the suitability for the admission of candidate in this school. * The above particulars do not carry any points. *Information is only for record purpose.

6. (a) Whether sibling(real brother/sister) studying in CRPF Public School, Rohini ? Please reply only with reference to real sister or brother. (Tick whichever is applicable)

Yes	No
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6. (b) Details of the sibling:

S.No.	Name of Sister or Brother	Name of the School	Present Class	Admission Number, in case child is studying in CRPF Public School, Rohini, Delhi

7. SCHOOL ALUMNI: (Attach appropriate proof- Class X/XII CBSE Certificate), applicable only if Class X/XII passed from School.

Father: Year of Passing _____ Mother: Year of Passing _____

Yes	No
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8.a) Does the child have any special needs? Yes/No (Tick whichever is applicable)
If yes, give details _____

(b) Does the child have any medical conditions or health concerns, like :- Diabetes, Asthma, Epilepsy, Heart Disease, Communicable Disease, Speech Disability, any other. If yes, give details:

9. Photocopies of documents, duly self attested, to be enclosed :

- a) Child's Aadhar Card Yes/No
b) Date of birth certificate of child issued by MCD/NDMC or any other authorized body Yes/No
c) Indicative Documents valid as proof of residence of parent/child. (any one document) Yes/No

(a) Ration Card/Smart Card issued in the name of parents (Mother/Father having name of child). (b) Domicile certificate of child or of his/her parents. (c) Voter I-Card (EPIC) of any of the parents. (d) Electricity bill/MTNL telephone bill/Water bill/Passport in the name of any of the parents or child. (e) Aadhar Card/UID card issued in the name of any of the parents

- d) SC/ST/OBC Caste Certificate, if applicable Yes/No

Any other documents/certificates which the school requires for verification at the time of submission/admission.

I/We certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, my ward shall be automatically debarred from admission process without any further correspondence in this regard. I/We also understand that the application/registration/short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

- I will be solely responsible for safe commuting of my son/daughter to and from the school.
- I am aware of immunization programme and my son/daughter has been administered the required vaccines.
- I shall abide by the rules/regulations of the school.

Please register my son/daughter named above in your school. I shall produce the original requisite documents at the time of admission for verification.

Name /Signature of Father _____

Name/Signature of Mother _____

Date:

Note: Only self attested photocopies of the documents are to be enclosed. Originals will be required at the time of admission for verification.

In case, the number of applicants is more than the number of seats available, the selection will be made on the basis of Draw of Lots for identical points.

A C K N O W L E D G E M E N T

Regn. No. _____

Date of Regn. _____

Name of Child _____

Class - UKG - 2025-26