

D-25, Chhattarpur Enclave,
Opp. M.C.D Park, Chhattarpur, New Delhi-110074
9810271051, 9667278880
www.ihpschhattarpur.com

ADMISSION FORM

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Year			Receipt No			
Fill in details of Page 1 in Block Letters. Form if incomplete, in any respect, is liable to be rejected. Do not leave any column blank, write N/A for not applicable.		AFFIX LATEST PASSPORT SIZE PHOTOGRAPH OF THE STUDENT	AFFIX LATEST PASSPORT SIZE PHOTOGRAPH OF THE FATHER	AFFIX LATEST PASSPORT SIZE PHOTOGRAPH OF THE MOTHER		
Deta	ils of the Candidate					
1.	First Name					
	Middle Name					
	Last Name					
2.	Date of Birth (In figures)					
(In words)						
3.	Sex: Male Fer	male	4. Nationality _			
5.	Residential Address					
	Communication Contact No. Father M	other	Guardian _			
6.	*Category General SC	ST	ОВ	EWS		
	*Proof to be attached for SC/ST/OBC/EWS Category.					
7.	Languages Spoken & Understood by the candidate at home 1.	2	3			
8.	Candidate suffering from any illness, disability (if yes, specify)					
9.	Name of the last school attended					
10.	Class in which studying in the last school					
11	Class & Section in which admission is sought					
12.	Will the student avail of the school transport	Yes	☐ No			

Give the details of Brother and Sister of candidate (Please do not mention cousins):

No.	Full Name	Age	Class & Sec.	Name of the school in which studying
1.				
2.				
3.				

Important Details:	Father	Mother	Guardian
First Name			
Last Name			
Mobile No.			
Email ID			
Occupation Name of the Organisation / Business / Shop			
Designation			
Signatures			
Approved by			Approved by
Principal			Admission Head