



QUEEN MARY'S SCHOOL, NORTHEEND

[A minority institution run by the Helen Jerwood Memorial Education Society of the Diocese of Delhi, Church of North India]
Plot No. 4-A, Model Town-III, Delhi-110009, Ph # 9711365678 & 7838305384, Email: info@qmsmodeltown.in

(Recognized by The Directorate of Education, Delhi & Affiliated to C.B.S.E.)

Form. No. _____ Regn. No. _____

**Registration for admission in Class: _____
For Session 2025-26**

Parent's Photograph
with the Child

Latest
photograph of
the applicant

Principal's Sign _____

(To be filled by the office)

Adm. No. _____ Admitted in Class _____ Sec. _____ Date of Admission _____

STUDENT'S INFORMATION

1. First Name _____
(In block letters)
2. Middle Name _____
3. Last Name _____
4. Date of Birth (dd/mm/yyyy) ____/____/____
5. Nationality _____
6. Religion _____
7. Category: SC/ST/OBC/GEN _____
8. Mother tongue _____
9. Residential Address: _____
_____ Phone No. _____
10. Mailing Address _____
_____ Phone No. _____
11. Transport: School Self
12. Name of Local Guardian (if any) _____ (i) Relation with the child _____
(ii) Address _____
(iii) Mobile No. _____ (iv) E-mail Id _____
13. Name of the Person authorized by the parents to pick up the ward from the school
(i) _____
(ii) Relation of the person with child _____ (iii) Mobile No. _____
14. Real Sister Studying in this school. (If yes Adm. No.) _____ Class _____ Sec. _____
15. Aadhar Card No. (Optional) of the Child _____

P.T.O.

LAST SCHOOL ATTENDED:

Name of the institution	Year of study	Class	Grade in Annual Exam	Other Activity, if any
1. _____	_____	_____	_____	_____
2. Transfer Certificate No. _____		Date _____	Issued from _____	

PARENT'S INFORMATION

16. **Father's Name** _____

17. Qualification _____ Mobile No. _____

18. Occupation: Business Govt. Service Private Service 19. Annual Income: _____
(Optional)

Specify Business: _____ Designation: _____

20. Office Address _____

Mobile No. _____ E-mail Id _____

21. **Mother's Name** _____

22. Qualification _____ Mobile No. _____

23. Occupation: Business Govt. Service Private Service 24. Annual Income: _____
(Optional)

Specify Business: _____ Designation: _____

25. Office Address: _____

Mobile No. _____ E-mail Id _____

Declaration

I/ We hereby declare that the information given in this registration form is true and correct to the best of my/ our knowledge. Any information given above if found false/ incorrect then candidature of my ward for admission will be cancelled. I/ We affirm that I/ We will abide by the rules and regulations of the school.

Date Signature of the Parent /Guardian _____

Principal's Remarks _____

Signature of the Principal _____



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Acknowledgement Slip

Form No. _____

Registration No. _____

1. Name of the child _____

2. Registered for Class _____